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EDITORIAL COMMENT



TWO SPECIFIC RESPONSIBILITIES OF THE HOUR

IN the May JOURNAL, we commented somewhat broadly on the subject of professional responsibility. Developments during the month make it imperative that certain specific responsibilities which are pressing upon us must be met promptly and courageously, if the nursing profession is to hold its place in the work of the Red Cross, and in the crusade against tuberculosis.

The tornado in Mississippi, resulting in an appeal from the National Red Cross for nurses to care for the sick and injured, has been the first real test of the efficiency of the Red Cross nursing service, as at the time of the San Francisco disaster, the society was not sufficiently reorganized in regard to its nursing service, for that experience to be considered.

The facts in the recent disaster, briefly stated are these:

The tornado occurred on April 26th. Immediately Governor Noel telegraphed to the president of the United States for assistance. The president referred the call to the War Department and the Red Cross. Major Dovell, U. S. A., was sent down to the devastated section on April 28th, representing both the War Department and the Red Cross. He reported two hundred sick and injured in need of immediate care. The Red Cross issued a call for nurses on April 30th; six nurses, including a competent head nurse, were sent from the District of Columbia, on May 2nd, on the same day six went from Philadelphia, representing the Pennsylvania branch, and on May 5th six more went from New York.

Judging from these facts, one is given the impression of prompt and efficient service, but knowing the inner side of the story, the nursing profession is given some cause for serious reflection.

In Washington, where forty-three nurses were enrolled, Miss Nevins,

a member of the Nurses' Committee in the District of Columbia, was called upon by Miss Boardman, on the morning of May 2nd, and by giving the entire day to it, succeeded in finding by telephone six of the enrolled nurses and starting them off that evening. This was done with much difficulty, as quite naturally the families in which the nurses were engaged, absolutely refused to give them up. Those who did go, secured substitutes to take their places. Miss Nevins feels that with a sufficiently large enrollment, it would be possible to secure all nurses necessary, even in a great disaster.

The promptness and efficiency of the manner in which the work was handled in Washington, brought a letter of congratulation from President Roosevelt to the Washington Division of the Red Cross.

In Pennsylvania, when the call was received at the state headquarters in Philadelphia, there were no nurses enrolled for Red Cross service. The officer in charge telephoned to the superintendent of the Medico Chirurgical Training School, who, in exactly nineteen minutes, enrolled six of her graduates and started them off the same evening for Mississippi.

In New York State, at the headquarters in New York City, there were forty regularly enrolled nurses. Three had previously reported themselves as being out of the city. Letters were immediately sent to the remaining thirty-seven, asking each nurse if she could respond if called to the Mississippi District. Nineteen replied giving satisfactory reasons why they could not serve, *eleven sent no answers of any kind*, seven replied that they would go if needed.

Of the seven who said they would go, four responded when, two days later, they were called upon, one from Rochester, two from Troy and one from New York City; one other New York City nurse, who had originally signified that she was engaged, reported at the office on the morning of May 5th, that she was free and arranged to go that afternoon. The one still needed, could not be obtained from among those so enrolled and with Miss Goodrich's assistance, a recent graduate as yet unregistered, of the Bellevue School, was pressed into the service. Of the three who failed to respond when called, one was from New York, two from Rochester, one of these sending no explanation to the Red Cross office, although she did notify the local treasurer to whom she was to apply for funds, that she was unable to serve.

Fortunately the number of nurses needed for this emergency was not large. Undoubtedly there were hundreds of nurses sitting idle, both in the states of Pennsylvania and New York, who would have responded without a moment's notice if they had known that they were

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needed. Under the present method adopted by the Red Cross society, it is shown by this experience, that the enrollment must be very large, in order to be able to secure anything like an adequate number when an emergency occurs. It has shown also a lack of appreciation of the seriousness of the responsibility assumed when enrolling for service in the Red Cross. It is a question whether hospital officers and head nurses should enroll for this service except for home emergencies. It would seem to be a kind of service belonging to the private duty nurse, most especially and to those nurses who, at the moment, are not otherwise engaged. We doubt if any one of our nursing organizations could be called upon to supply a number of nurses for any emergency, where the results would not have been better than in the case of the New York Red Cross. Almost any superintendent of a representative training school could do what was done by the head of the school referred to in Philadelphia.

The question before us is how to bring all of our forces so into coöperation with the Red Cross that prompt and efficient service may always be at the command of that society without unnecessary delays.

We understand that the Red Cross is having quite as much difficulty in the enrollment of physicians for its service as it is for the enrollment of nurses. There seems to be an unwillingness on the part of both of these groups of workers without whose services the Red Cross is almost powerless, to pledge themselves for service so uncertain in its character, and yet when we think of it, uncertainty is the predominating element in the life both of the physician and the nurse.

All other considerations in connection with the Red Cross are secondary to this one of efficient enrollment. It should be taken up by every local organization and carried into our state and national conventions until the problem has been satisfactorily threshed out. Otherwise the Red Cross will be forced to train its own workers.

As we go to press we learn through the New York office that the nurses sent out have found plenty to do, in actual nursing, day and night duty. Miss Pettit, the head nurse, was asked by Captain Ashford to coöperate with Major Simpson and himself in the distribution of clothing and supplies. The nurses who went out first from Washington and Pennsylvania, were very tired when the New York delegation arrived and were glad of the additional assistance. No report has been received as to the time when they are likely to return. We shall be able to give a full account of the experiences of these nurses, with their names, next month.

THE TUBERCULOSIS CRUSADE

In the tuberculosis crusade which is now fully under way the most advanced authorities agree that the home is the place where the battle is to be fought out. The incipient patient will not leave his home. Sanatorium treatment while bringing the quickest results is not practical for the vast majority. Local day camps in conjunction with *home supervision* must be generally relied upon—success depending upon the visiting tuberculosis nurse. This opens up a great field and there would seem to be no reason why a really good nurse who is willing to work and is ready to take such cases as need her services should ever for a moment sit idle.

In the tuberculosis work, it devolves upon the nurse to make the practical application of the plans established by the medical men and the lay public. She deals directly and personally with the individual patient, teaching, instructing, encouraging and comforting, acting as a means of communication between these three groups of people. While we would not lose sight for a single moment of the importance of the fitting of nurses for what we commonly recognize as private duty, we cannot ignore the necessity of preparing her for broader fields, in which her responsibilities are farther reaching in scope than the most far seeing of the pioneers ever deemed could be possible. The stimulating of this sense of responsibility to the public, rests largely with the training schools during the formative period of the nurse's professional life. It calls for a high order of intelligence, both in the teacher and the pupil.

But we cannot wait for new nurses to be trained for this work. Like the Red Cross enrollment it is pressing, it is a responsibility of to-day, and the nurses of to-day must take up the burden and carry it with courage.

THE TUBERCULOSIS MEETING IN WASHINGTON

Miss Dock, the acting Secretary of the Nurses' Committee, sends us the following:

"The exact day of the special session for nurses at the Congress on Tuberculosis has not been made known. It will be fixed by Mr. Devine, the president of the section in which it will be included. We had hoped to announce it in this number, but can now only say that it will be in the week of September 28th to October 3rd.

"A large and representative number of nurses have been asked to serve on the Nurses' Committee, namely: Miss Florence Baldwin, of Portland, Oregon; Miss Mary Gardner, of Providence, R. I.; Miss Mary Hills, of

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New Haven, Conn.; Miss Mary Kershaw, of Columbus, O.; Mrs. Quintard, Philadelphia; Mrs. Lupinski, Grand Rapids, Mich.; Miss Fulmer and Miss Tillinghast, Chicago; Miss Lucy Fisher and Miss Ashe, of San Francisco; Miss Boyd and Miss Smithwick, of Denver; Miss Matilda Johnson, Cleveland, O.; Miss Strong, of Washington, D. C.; Miss Cabaniss, Richmond, Va.; Miss La Motte and Miss Tent, Baltimore; Miss Coleman, Miss Stark, and Miss Upjohn, of Boston, with the original members, Miss McKechnie, Miss Nutting, Miss Hitchcock, Miss Damer, Miss Wald, Miss Goodrich, Mrs. Robb, and Miss Maxwell.

"Most of the committee are actively engaged in tuberculosis work, and many will write papers. Mrs. Robb, Miss Damer, Miss Fulmer, and Miss Wald are down for the general sessions. The nurses' session will give opportunity for every practical point and problem to be brought forward. Some material is also expected from foreign countries. Of special importance is the problem of occupation, both for the incipient and the cured or improved case. Anyone having knowledge of intelligent attempts to meet this need is asked to report on it.

"It is not expected that any *separate* exhibits showing the nurse's field will be arranged, but nursing will be shown in connection with the exhibits of dispensaries, states, etc. It is especially desirable that workers in the tuberculosis propaganda should take great pains to present their work in the most complete and striking manner possible, by working up every sort of exhibit that can be made, and nurses are urged to make an impressive showing."

Miss Isabel L. Strong, of Washington, makes the suggestion that in view of the fact that so large a number of nurses are expected, those intending to be present, should send their names and addresses as early as possible, to Mrs. Eustis, chairman of the Committee on Nurses, office of the Instructive Visiting Nurses Society, 2001 I Street, Washington, D. C., so that they may obtain information as to reasonable accommodations and be notified of projected plans for their entertainment.

THE ALMSHOUSE CRUSADE

We also learn from Miss Dock that in the almshouse crusade Mrs. Crane has had the satisfaction of seeing another Michigan almshouse appoint a trained nurse. This happened in Lenarvee County and was the direct result of an appeal made by the County Federation of Women's Clubs. The authorities also made an appropriation for the nurse's salary, so that it was not necessary for the women to undertake this, though they were ready to do so.

Reports on almshouses now coming in indicate a general absence of nursing in almshouses, and, often, very sad and distressing conditions. Nurses who investigate are asked to write their impressions quite fully on the back of the census, and not to hesitate to describe bad conditions, as their names will not appear, nor will they be placed in any embarrassing situation. Reports may be sent in all summer, and next winter our State Societies will be asked to make an active campaign for reforms.

NEW WORK FOR BABIES

A NEW work was started at Bellevue Hospital, New York, May 1st. This work is the idea of Mr. Robert Bruère, General Agent of the New York Association for Improving the Condition of the Poor, and the nurse selected to carry out the idea is Miss H. Grace Franklin, R.N., graduate and post-graduate of the New York City Training School for Nurses.

Miss Franklin attends all of Dr. F. S. Mearas' clinics at the Bellevue Dispensary, becomes acquainted with the children and their mothers and whenever necessary follows these cases to their homes, instructing the mother in the care of herself and baby by trying to impress upon her the directions given by the physician at the dispensary and by practical demonstration gives the mother the proper knowledge of caring for her baby.

There is a special fund provided by which milk, nursing bottles, nipples, sugar of milk, etc., can be bought for the child if the family are unable to procure them.

Should she find in her visits that the family is in destitute circumstances, the case is at once taken up by the Registration Bureau.

She not only follows up these dispensary cases but visits every child discharged from Dr. Mearas' Ward.

The idea of the work is to prevent dispensary cases from becoming hospital charges and the discharged hospital cases returning again to the ward. The work is experimental and promises to be as valuable as so many of the experiments originated and put into practice by the Association for Improving the Condition of the Poor. The work is affiliated with the Department of Convalescent Relief of Bellevue Hospital.

SPECIAL NOTICE

THE SCHOLARSHIP IN HOSPITAL ECONOMICS

THE American Society of Superintendents of Training Schools offers a scholarship of the value of three hundred dollars, for the year 1908-1909, in the Course in Hospital Economics at Teachers' College.

Candidates for this scholarship must meet the requirements of the College in regard to general education and of the Hospital Economics Committee as to their professional training and special attainments.

Final details concerning this are now being arranged, and those desiring information should refer to Miss A. Goodrich, Chairman of Hospital Economics Committee, before August 1st.

There is no question before the nursing profession to-day of such burning importance as the maintenance and development of the course in hospital economics. Our progress must be through education and in education our teachers must be in the future as they have been in the past, our most important leaders. The Society of Superintendents, in establishing this scholarship of three hundred dollars, emphasize again the importance of the teaching body and by its liberality sets an example which other organizations should emulate according to their means.

THE SAN FRANCISCO MEETING

We have been planning for a number of months past to publish the secretary's report of the proceedings of the San Francisco Convention in this issue of the *JOURNAL*, knowing that so many of the stay-at-homes would be waiting anxiously to know the result of the meeting. We learn at the eleventh hour that it has been decided to postpone all official announcements until the July issue. We know however that the journey out was in every way most delightful, the hospitality shown to those traveling together in Chicago, Colorado Springs and Denver was charming, and "a glorious time" has been the word sent back from San Francisco.

Miss Damer's reelection as president, with Miss Sly as secretary and Miss Davids as treasurer, was practically a foregone conclusion. It is intended to give the lists of officers, committees, the names of the affiliated associations, etc., with a condensed report of the proceedings in the July issue. Dr. Criswell's address of welcome is the first of the papers and others will appear in subsequent numbers.

The next meeting is to be held in Minnesota.

THE CINCINNATI MEETING

THE meeting of Superintendents of Training Schools in Cincinnati, the secretary's report of which is found on another page, was a most inspiring occasion. Mrs. Robb's election as president with the next

meeting to be held in New York City, means a year of progress. There is much work commenced to be rounded out. There are many problems pressing that must be solved. Mrs. Robb who organized the society in Chicago, 1903, has had a long interval of rest from public life. She will bring broader experiences to bear upon nursing questions, and the inspiration of her leadership cannot fail to arouse the entire teaching body to greater effort.

There has been but one opinion in regard to hospitality of Cincinnati. Those who enjoyed it must long remember the occasion with pleasure, while those who missed it will long regret being obliged to stay at home.

WHERE COMPLAINTS ARE TO BE MADE

MISS M. E. DAVIS is again installed in the Philadelphia office as business manager of the JOURNAL and requests that all complaints in regard to subscriptions or failures to receive JOURNALS, changes of address, etc., shall be addressed personally to her. Miss Davis gives her personal supervision to such details that are so annoying to our readers when they occur.

To give some idea of the problem of changes of address that our office had to contend with, recently circulars were sent to the personal addresses of all the members of the Associated Alumnae. In just one month twelve hundred letters have been returned because of changes of address.

All subscribers to the JOURNAL who would like to add still another mark of their appreciation and yet have hesitation in bringing the matter of subscribing, personally, to the attention of their friends, may as effectually aid in the desired result, by sending to this office the names and addresses of one or more non-subscribing friends.

We will do the rest!



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ADDRESS OF WELCOME TO THE ASSOCIATED ALUMNÆ, MAY FIFTH, 1908

By HELEN PARKER CRISWELL, D.D.S.
President of California State Nurses' Association

IN a city famous for its greeting, it has become my privilege to extend a welcome to this important organization. The eleventh annual convention of the Associated Alumnae is unique in more than one way; it is the first national convention of nurses ever held on the Pacific coast and it will go down in history as being the first national convention of any sort to be held in the New San Francisco.

To invite this association to meet in our city seemed a mighty undertaking beset with many obstacles for the trail to California has always been a long one, from the days of the slow moving ox-teams that brought our pioneer fathers and mothers and later the pony express, which less than forty years ago was considered a marvel of rapid communication, with its continuous line of galloping horses from Sacramento to the Missouri River, carrying a letter that distance in ten and one half days. But May, 1869, saw the completion of the great trans-continental rail-road uniting California with the east.

Modern improvements have been such that three years ago we invited the Nurses' Associated Alumnae of the United States to hold its convention of 1908 in San Francisco. After some deliberation, on account of our geographical position, our invitation was accepted.

Those who hesitated in voting to hold the meeting at so remote a point felt that all cause for anxiety on that score was removed when April, 1906, saw San Francisco destroyed. But while the fire was still smouldering, and the Associated Alumnae was in session in Detroit in May, 1906, we renewed our invitation, we pushed the Rocky Mountains down, we swung the Golden Gate wide open, and our dream is now realized! You are with us to-day to receive the cordial welcome of our one thousand members of the California State Nurses' Association.

Meetings held in the more populous parts of the country would have a larger attendance, but a small light may guide the multitude. The profession of nursing has enjoyed the unusual position of being a profession for women, which from its earliest history has met with public approval. Quite different from the professions where women have been regarded more or less as interlopers. Years of splendid endeavor on the part of women, who have chosen a life work in a field

formerly occupied exclusively by men, has resulted in a more normal attitude of the public, and a more fraternal spirit exists between professional men and women. That women, in the nursing profession, have not met with this obstacle renders it incumbent upon them to accomplish more expeditiously the work, which by virtue of attainment, must fall upon all women who have had the advantage of special training.

Among the problems that should be solved by this association are: How can the trained nurse best serve the public? How shall she care for the poor? How can she enlist the sympathy and aid of the owners of great wealth in the work that must be done for the common cause of humanity? How shall this, the largest body of professional women in existence, make for the status of the twentieth century woman?

The far West has ever had a reputation for independent thought, and it would be fitting that the issues which make for independent thought and action should be given birth at this eleventh annual convention.

If our Committee of Arrangements had been permitted to carry out one half of its projected plans to entertain you, there would have been *no time* for business meetings, *no time* for serious thought, *no time* for anything but the demonstration of our delight in having you with us. We wish you to cherish the sincerity and the gladness of our welcome through the years that must obtain until it may be ours to welcome you again.



APPLICATION FOR THE PREVENTION OF BEDSORES.—*The New York Medical Journal* says: The following, applied as a varnish twice daily to the parts menaced, will act as a preventive of bedsores:

Guttapercha	3i
Chloroform	3i
Balsam of Peru	gtt. xv

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BACTERIA ON TRAILING SKIRTS.—In a recent lecture, Professor Bottomley, of London, said that a piece of cloth cut from a trailing skirt worn by a woman walking about the West End streets was found to harbor sixteen million five hundred thousand bacteria, including many tubercle bacilli.

THE PROPER LENGTH OF THE PERIOD OF TRAINING FOR NURSES *

By HENRY M. HURD, M.D.
Superintendent of the Johns Hopkins Hospital

TRAINING schools for nurses, although in a certain sense numbered among technical schools so-called, belong to the higher class of technical schools in which theory and practice need to be combined. A training school cannot be like a trade school because the nursing of the sick is the nursing of individuals and not the wholesale nursing of persons. Although general rules are laid down for certain classes of diseases they must be applied by individual nurses to individual patients. Hence comes the necessity of imparting knowledge of principles upon which the practice of nursing can be grounded. Theoretical knowledge must therefore be combined with practical teaching. It is true that at first all practical teaching needs to be of a routine character because the pupil nurse knows no method of nursing whatever and must be taught to do everything in a prescribed manner. This must continue as in a trade until the eye and the hand have become trained and what was at first routine becomes second nature. This, however, does not imply, nor is it desirable, that the nurse should remain a machine and must ever after do the work mechanically in implicit obedience to the methods which she first learned. On the other hand it is preferable after she has become fully conversant with all the procedures and habits of her craft, that she should not remain a mere rule-of-thumb worker contented with following blindly what she learned during her pupilage. She should rather be so well grounded in the principles which underlie her art and so conversant with the reason for everything which she is called upon to do as to be able to improve her methods of nursing and to devise new methods for herself. To-day in consequence of the improved methods of teaching and the great extension of the field of nursing and above all because of the increased demands made upon the trained nurse we find a genuine demand for a longer period of training and the necessity of even post-graduate work, if the nurse would fit herself for the satisfactory discharge of the duties of superintendent of nurses or principal of a training school. Out of this demand has grown

* Read at the Annual Meeting of the Canadian Hospital Association, April 20, 1908.

the extension of the course from one year as at first planned to two years and now very generally to three years.

For the time being leaving out of consideration the question as to the exact length of any course let us inquire what should be the requisites of a proper course of training of nurses.

I would set down as the first requisite a properly graded course. Those who received their medical training forty years ago will remember that at that period medical study was largely carried on by courses of lectures which were repeated each year and which were given impartially to first, second and third year students, without any change to suit the necessities of these three classes. These lectures were generally too technical for the first year student and not technical or advanced enough for the second or third year student. Probably the beginning of a better state of medical instruction, in the United States at least, came with a grading of the instruction which was given so as to furnish proper instruction at the right point in the course for every student. The same has been true of courses of instruction for nurses. The schools did not improve until the courses were graded. Hence the first requisite is a graded course, not a course for one year dragged out over two years or a course of two years stretched out to fit three years. To attempt this is to destroy the vigor and freshness of the pupil's grasp of the subject and to encourage mental stagnation and ineffectual because inconclusive mental effort. The course should not have any vain repetitions but every part of it should be fresh and subjects should be treated consecutively, one fitting upon another and following it.

A second equally desirable requisite must be an arrangement of the hours of duty in the wards so that the nurse may not be exhausted by physical labor to such a degree as to unfit her for study. She should have time to study and physical vigor enough remaining to pursue her studies effectually. The theoretical part of her work should be regarded as of equal value with the practical part. No one can make progress as a nurse if she is kept at hard physical labor for ten, twelve or fourteen hours each day. The bodily strength fails under the strain and mental effort becomes well-nigh impossible. The first attempt to compress the period of instruction into a year proved impossible and in the interests of the nurse the course of study was extended to two years with a shortening of the hours of service and a lengthening of the hours of study. Likewise also when it was found that the two years' course did not give sufficient time for study and any attempt to pursue it involved too heavy a tax upon the physical and mental energies of the nurse the course in many schools was lengthened to three years.

The third requisite of any course therefore in my opinion should be the restriction of the amount of time spent in practical work to eight hours with two hours at least of free time each day for study and preparation for classes and lectures.

A fourth requisite ought to be a preliminary training in the branches of nursing which have to do with the comfort of patients before any responsible ward duties are laid upon the nurse. This can well be done in the probationer stage of the nurse's training so that when she is admitted to the ward for actual service among the sick, she may be able to serve them wisely. She should, for example, know how to cook and to serve a meal, how to apply a bandage, how to take a temperature and to draw a chart, how to make a bed, how to give a sponge bath or a bed bath, how to give an enema or a douche, etc. If she does not first know how to do these things which are essential to the care of a patient, she must learn them at the expense of the patient's comfort after she has been assigned to duty in the ward. We have all witnessed the distress of pupil nurses when abruptly ushered into wards while still in what I have heard termed a "trance state" to discharge important duties in connection with the sick while absolutely ignorant of what they were to do or having never seen the instruments with which they were to work.

The course of training also, while a happy union of practical work and theoretical knowledge, should be long enough to develop character and enable the authorities to determine the fitness of pupils to enter upon a career which presents unusual opportunities for good or evil to the sick and suffering. The development of character therefore must be considered after all the end to be attained in all proper training of nurses. Where the aptitudes, tendencies, weaknesses and capabilities of pupil nurses have been carefully studied as they must be in a good training school the danger of graduating degenerates like Jane Toppan and others is eliminated. This danger cannot be eliminated in any other way. Character then is an essential part of training and time is required for its true development.

Much also depends in this discussion upon what is meant by the term trained nurse. Is it a person who has acquired a practical knowledge of the care of the sick and "just enough theoretical knowledge" of her work to get along with it under the constant direction and supervision of the physician with little initiative on her part, with little ability to do independent thinking and without a thought beyond routine work in an elementary fashion; in other words, a neat, kind, affectionate, well-intentioned person, but without any outlook in life beyond her daily

task? Or, on the other hand, do we understand by the term an educated attendant upon the sick whose character has been formed by a thorough discipline of mind and heart, who is grounded in the principles of her art and is possessed of an elementary knowledge of those branches of medicine upon which it is based, one who has familiarized herself with the practical side of nursing until it is second nature but who has not been satisfied to thus limit her training? A skilled physician not only knows the principles involved in the successful care of the sick but he must be able to do in practice what needs to be done. He must not only know how to make a blood count, a urinary analysis, a microscopical examination, a blood culture, a lumbar puncture and the like, but he must also be able to do these and many other things practically. If he did them only as a matter of routine because he had been taught to do them when a student, by his instructor, he would generally fail to get much benefit from them because of inability to apprehend their importance and true significance. His knowledge must be broad and deep to be effective. So also of the nurse. It is true that she must be able to give a typhoid bath, to know how to sterilize instruments, to arrange the field of an antiseptic operation, to dress a wound, to give a hypodermic injection, to prepare a solution, to dress an infant, to take a body temperature, to measure the urine, to count the respirations, to take the pulse rate, to record all the phenomena of disease—these and a thousand other things she must do. She cannot, however, do them well or continue to do them increasingly better unless she has a familiarity with the principles upon which their successful and correct doing depends. She must know why sterilization and disinfection are needed, what the proper dose of any remedy is, what the symptoms are which indicate a change in the course of the disease, what to report to the physician, and above all, to know when danger is imminent so that he may be summoned. These require not intuition, a kind heart and a practised hand alone but knowledge and such knowledge as can come only from prolonged training in both principles and practice. All trained nurses should be familiar with every form of nursing, or rather with the nursing of every form of disease.

It may not be inappropriate for me to outline the graded course of study in a training school with which I am most familiar. During the preparatory course which covers six months theoretical instruction is given in the chemistry of foods, in anatomy and physiology, materia medica and hygiene with systematic demonstrations in the elementary essentials of nursing and bandaging. Added to this there are practical daily exercises divided among four groups of probationer nurses in cook-

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ing and serving food and the care of kitchens, and pantries and store-rooms, in the care of rooms and bed-making, and in the pharmacy, in the preparation of dressings, the making up of solutions, the disinfection of dressings and applications, and finally practical service in the out-patient department where they come in contact with all sorts and conditions of patients. She is also gradually introduced during this period to do simple things in the wards under the direction of experienced nurses so that when she undertakes responsible work she is no longer a novice.

During the last half of the first year instruction is given in hygiene, general medicine, infectious diseases and orthopedics, by lectures, recitations, quizzes and regular practical work eight hours daily in the wards of the hospital. During the second year there are systematic lectures and recitations in medicine, surgery, and gynecology, the examination of urine, massage, etc., with regular practical work in the wards. In the third year there are lectures, recitations and demonstrations in obstetrics, pediatrics, nervous diseases, insanity, diseases of the special senses, and practical nursing of all these classes of patients, also of private patients—also lectures and classes upon public and private charities, settlement work, and work in institutions and families. By this arrangement there are given five months each of medical, surgical and gynecological service in the free wards of the hospital, five months of duty in private wards divided among the three services, two months of special duty with individual patients, two months of duty in the obstetrical ward, three months in the operating rooms and one month in the out-patient department, a total of twenty-eight months which together with two months of vacation make up the thirty months of time which remain after the completion of the preliminary course of six months. In my opinion this time is all well spent and no pupil nurse has reason to complain of having received too much theoretical or practical training. A detailed schedule of this work I will have printed as an appendix to this paper.

The conclusions which I have reached after much thought may be briefly summarized as follows:

1. A course of three years is advisable only where shorter hours of service have been established and where the hospital is large enough to give a good training in all branches of nursing. In such a hospital the course of training should be a graded one and each year of it should be carefully suited to the knowledge and increasing capacity of the student. Such a course is not advisable in a special hospital where the training is confined to surgery or gynecology or obstetrics or the care of infants and small children.

2. In the matter of training the smaller and the larger hospitals should combine and coöperate to supply the deficiencies of each other. Many of the smaller hospitals should content themselves with giving a preliminary course preparatory to admission to a larger hospital. To take young women for two or three years' training in a single specialty is unjust to the pupil nurse and unjust to the public. Such nurses after the first year should be passed on to larger hospitals with more patients and larger opportunities for training. Many pupils come to the larger hospitals very imperfectly trained and they would have been much more useful to the hospital and much better fitted to profit by training if they had received a preliminary training in a small hospital. In any educational system the grammar school should precede the high school and the high school should precede the college. The grammar school may call itself a high school and the high school a college but neither has any reason to complain if the true character of each school is plainly pointed out. Names do not signify after all. The grammar school can only give a grammar school education and the high school likewise. These special schools which pretend to do what they cannot do are guilty of fraud towards the nurses whom they pretend to train and equally a fraud upon the public when they launch these imperfectly and inadequately trained nurses upon the world as trained nurses. It is the duty of all parties to meet the situation honestly and to coöperate to remedy all abuses. The schools established for commercial reasons like the medical schools once established for private gain should cease to exist or content themselves with giving preliminary courses of training. We have all heard and shall continue to hear until the end of time of the need of providing second- and third-rate people to do what may be termed second and third class work. An excellent woman who was remonstrated with by a relative for encouraging her son who had little or no ability to prepare himself for the gospel ministry said in defense: "I know he is a second-rate man and always will be, but I believe there are second-rate souls to be saved." The incompetent son did become a clergyman but I have never heard that any souls of the second or even third class were saved by him. The same is true of the medical profession. The plea for better educated physicians is always met by the statement that villages and secluded hamlets exist where well-educated men will not go and that consequently ignorant and incompetent men must be turned out from the medical schools to minister to the wants of these men. An experience with pioneer conditions when a boy has taught me on the contrary that good men and well-trained men do go to these neglected communities and that poorly educated men are much

more inclined to go to thickly populated sections of the country where they often displace much better men and constitute a standing menace to the public health and private welfare of every large community. We cannot afford to suit our educational requirements to the capacity of those who have no right to enter the medical profession but rather should establish a standard which will exclude them. It is better to be without physicians than to depend upon drunken, ignorant men who have no conception of the duties, responsibilities and moral requirements which belong to the medical profession. The same is true of the training of nurses. Attendants upon the sick exist in every community and every family. Their mission is God-given. Noble, self-sacrificing untrained women have always existed and always will exist to bless their relatives, friends and neighbors by their presence and care in sickness. They are not trained women, however, and no good can come from allowing them to assume the title or to attempt to discharge the general duties of a trained nurse. They are wives and mothers with other cares and their work as nurses may be regarded as fortuitous and almost accidental. If prompted by affection and duty they assume the care of a sick member of the family, they do not in any sense become rivals to members of the nursing profession and their existence can be no argument for lowering the standard of training of those whose business it is to care for the sick. The self-educated clergyman, the natural-born doctor, the back-woods lawyer and the imperfectly trained teacher if fit to do their work feel the need of a better education and make no attempt to lower the educational standards of other ministers, physicians, lawyers and teachers, but, on the other hand, are stimulated by a higher standard to supplement their own deficiencies by summer schools or home study.

3. Courses of training for nurses should be standardized and no one should bear the title of Registered Nurses who has not been fully trained in the various branches of nursing. The small hospital or the special hospital should pass on their nurses to larger hospitals and these should make arrangements to supplement and complete their training. Special private sanatoria or hospitals owned by physicians and maintained for their own patients should cease to operate training schools but should supply themselves with nurses who have already received training. Nurses should not spend two years or even one year in a limited specialty.

In the hospital with which I am connected we have for several years given supplementary instruction to the training schools connected with two or three other hospitals where the service is of such a character as to render it impossible to give the requisite training. One of them sends

pupil nurses for training in medicine and obstetrics, a second for training in obstetrics, and a third for a general training in the work of our third year. It has been a duty and a pleasure to assist these young women thus to complete and round out their training.

APPENDIX

GENERAL PLAN OF A THREE YEARS' COURSE OF PRACTICAL INSTRUCTION

FIRST YEAR

First Six Months (probation period):

- (a) Four to four and a half months in preparatory school.
- (b) One to two months in wards, before being accepted. This is to test the student's fitness for the work of nursing.
In the wards the student begins with the simpler work, such as:
The care of beds, mattresses, pillows, blankets, and linen;
Making beds of all kinds;
Dusting and care of ward furniture, etc.;
Care of linen rooms. Folding and stacking of linen;
Care of bathrooms, lavatories, etc.;
Care of patients' clothes, closets, the clothing, etc.;
Care of rubbers, dressing basins, and instruments;
Care of convalescent patients, assisting in getting them up, etc.;
Assisting in serving meals and nourishments.

Second Six Months:

All practical instruction during this time is given in the free wards of the hospital, and pupil nurses are not placed on duty in the private wards until they have completed their first year in the school.

Day Service:

The practical nursing work in the ward is classified and arranged according to the service, and whether male or female patients; a certain number of pupils from each class in training are placed on duty and a definite work is assigned each one according to the amount of experience she has had, or her standing in the school.

To avoid the frequent changes that an eight-hour day arranged with three relays of nurses would cause, the hours are arranged as follows: (Day nurses go on duty at seven A.M.; night nurses go on duty at nine P.M.)

The following schedule of hours is given as an example of the arrangement in two wards for men and women respectively:

SCHEDULE OF HOURS:

Women's Surgical—Forty Patients

One Head Nurse in charge.

PUPILS	ON DUTY	OFF DUTY	ON DUTY
One Senior	7 A.M.-10 A.M.	10 A.M.-2 P.M.	2 P.M.-7 P.M.
One Senior	7 A.M.- 1 P.M.	1 P.M.-7 P.M.	7 P.M.-9 P.M.
One Intermediate	7 A.M.-11 A.M.	11 A.M.-1 P.M.	1 P.M.-5 P.M.
One Intermediate	7 A.M.- 1 P.M.	1 P.M.-5 P.M.	5 P.M.-7 P.M.
One Junior	7 A.M.-11 A.M.	11 A.M.-1 P.M.	1 P.M.-5 P.M.
One Junior	7 A.M.-10 A.M.	10 A.M.-2 P.M.	2 P.M.-7 P.M.
One Junior	7 A.M.- 1 P.M.	1 P.M.-7 P.M.	7 P.M.-9 P.M.

SCHEDULE OF HOURS:

Men's Surgical—Thirty Patients

One Head Nurse in charge.

PUPILS	ON DUTY	OFF DUTY	ON DUTY
One Senior	7 A.M.-10 A.M.	10 A.M.-2 P.M.	2 P.M.-7 P.M.
One Intermediate	7 A.M.- 1 P.M.	1 A.M.-7 P.M.	7 P.M.-9 P.M.
One Intermediate	7 A.M.- 1 P.M.	1 P.M.-5 P.M.	5 P.M.-7 P.M.
One Junior	7 A.M.-11 A.M.	11 A.M.-1 P.M.	1 P.M.-5 P.M.
One Junior	7 A.M.-12 A.M.	12 A.M.-4 P.M.	4 P.M.-7 P.M.

The above arrangement of hours provides at all times one of the younger nurses on duty with the older and more responsible nurses, so that they are in training for that special work later on. Also, this method allows more uniformity in the work, as, for instance, a nurse in the private wards will be assigned the diets for one month, and have these hours:

From seven to nine A.M., she prepares and serves breakfasts; off duty until one P.M., when she returns and remains on duty until seven P.M., serving dinners and suppers, and attending to the afternoon ward work for the entire month.

This arrangement has proved satisfactory in every way because,

1. One person is responsible for the handling and care of all food materials.

2. As she knows the patients' likes and dislikes much food is saved in the serving.

The same method holds good in all the various phases of nursing routine. Certain pieces of work are given to a nurse for a definite period of time, such as,

The temperatures, charting and medicines;
 The care of bed patients;
 The ward treatments;
 The responsible work of the ward from seven P.M. until nine P.M., before the night nurse goes on duty.

This arrangement of hours also provides responsible nurses on duty during the afternoon class hours for the pupils.

DISTRIBUTION OF TRAINING FOR THE THREE YEARS

FREE WARDS:

Medical work	5 months
Surgical work	5 months
Gynecological work	5 months

PRIVATE WARDS:

Ward work	5 months
Special duty	2 months
Obstetrical ward	2 months
Operating rooms	3 months
Dispensary	1 month
Vacation	8 weeks

Total	30 months
Preparatory School	6 months

Total	36 months (3 years)
In charge of wards	4 to 5 months

(This opportunity is given only to those who show executive ability.)

NIGHT NURSES' HOURS ON DUTY—NINE P.M. UNTIL SEVEN A.M.

Average night duty throughout the three years is five months.

Time: Two months at completion of first year;

Two months at completion of second year;

One month in senior year in the obstetrical ward.

INSTRUCTION GIVEN THE STUDENTS DURING SECOND AND THIRD YEARS

First Half of Intermediate Year:

The pupils receive instruction in practical work in the men's and women's, medical, surgical and gynecological private and free wards, and in the isolating ward.

Second Half of Intermediate and Senior Year:

The instruction during this time includes obstetrics, children, nursing of nervous patients, operating-room technique, dispensary, and special duty in our own hospital wards.

It has been found that by carrying the emergency work in the maternity ward and operating rooms, where the services of the nurse are required for a longer time on duty than the regular eight-hour day provides, over the last half of the course of practical instruction, the pupils stand the work much better than when this special training was given during the last five months of the third year. This method also provides nurses on duty in these departments from two classes which allow a proper number on duty when the other students are attending classes.

Class work and lectures cover the period from October 1st to May 1st of each year, and they are all given in the afternoon between four and six o'clock.

SCHEDULE FOR THE YEAR

PREPARATORY CLASS: The class is divided into groups. These groups are interchanged at the end of certain periods, and are detailed to the various departments daily for instruction.

Autumn Term—From August to February.

Spring Term—From February to August.

GROUP I. Food supplies, cookery and service; kitchens, pantries, storerooms, etc.;

GROUP II. Care of the household; bed-rooms, linen-rooms, bath-rooms, pharmacy (nine to one daily), etc.;

GROUP III. Surgical supply room; preparation of dressings, appliances, solutions, disinfectants, etc.;

GROUP IV. Out-patient department; clinics, preparation of rooms, patients; apparatus; dressings, etc.

FROM SEPTEMBER TO DECEMBER AND FROM MARCH TO JUNE.

Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
2.30-4 P. M. Chemistry of Foods.	2.30-4 P. M. Anatomy and Physiology.	2 P. M. Anatomy and Physiology. Lecture.	2.30-4 P. M. Chemistry of Foods.	2.30-4 P. M. Anatomy and Physiology.	2.30-5 P. M. Anatomy and Physiology. Laboratory.
	11 A. M. Elements of Nursing. Demonstration.		11 A. M. Elements of Nursing. Demonstration.		11 A. M. Elements of Nursing. Demonstration.

FROM DECEMBER TO MARCH AND FROM JUNE TO SEPTEMBER.

Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
4 P. M.	2.30-4.30 P. M.		4 P. M.	2.30-4.30 P. M.	
Materia Medica.	BANDAGING.		Hygiene.	BANDAGING.	
Recitation.	Class in two divisions.		Recitation.	Class in two divisions.	
Demonstration.	1st division, 2.30-3.30 P. M.		Demonstration.	1st division, 2.30-3.30 P. M.	
	2nd division, 3.30-4.30 P. M.			2nd division, 3.30-4.30 P. M.	
	Demonstration.			Demonstration.	

INTERMEDIATE CLASS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.
From October until May 1 each year.		5-6 P. M. LECTURES. General Medicine. General Surgery. Gynecology.	3-5 P. M. Recitations and Demonstrations Analysis of Urine Surgical Nursing Gynecological Nursing. Massage.		3-5 P. M. Recitations and Demonstrations Analysis of Urine Surgical Nursing Gynecological Nursing. Massage.

SENIOR CLASS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.
From October until March 1 each year.	5-6 P. M. Recitations and Demonstrations Obstetrical Nursing. Nursing of Infants and Children. Nursing of the Nervous and Insane. Nursing of some Special Diseases.			5-6 P. M. LECTURES. Obstetrics. Pediatrics. General Medicine. The Nervous System. Insanity. Diseases of the Special Senses.	5-6 P. M. LECTURES AND CLASSES. Public and Private Charities. Settlements. Professional Work in Institutions and Families.

This course is given twice yearly and classes are admitted in February and August of each year.

Class work is supplemented by visits to markets, manufactories, etc., announcements of which will be made during the season.

From January 1 until May 1, at specified dates, the spring and autumn classes unite for lectures on the following subjects:

Hygiene,
Bacteriology,
General medicine,
Infectious diseases,
Orthopedics.



SUGAR IN THE SOLDIER'S RATION.—In the April number of the *Archives de médecine et de pharmacie militaires*, Major P. Joly presents the results of a series of experiments on sugar in the field ration of the foot soldier, in the 94th French Infantry Regiment during the autumn manœuvres of 1906, from which he concludes that: 1. Two companies, respectively, of one hundred and forty-two and one hundred and forty-nine men, without any previous selection, were able to absorb, during twenty or seventeen days, a daily dose of sugar varying from sixty to one hundred and sixty-five grammes without any digestive trouble or other signs of intolerance resulting therefrom. 2. A hundred grammes of fresh meat may be replaced in the daily ration by a hundred grammes of sugar without the men perceiving the diminution in the amount of meat. They accepted readily, and most of them with great pleasure, the addition of sugar in the form of sweetened drink—coffee, wines, or water. 3. The substitution of one hundred and twenty grammes of sugar for the hundred grammes of fresh meat resulted in improvement in the physiological condition of men subject to muscular exertion, decreasing the number of heart beats, the respiratory rhythm, and the weight of the body consecutively; augmenting the physical resistance and decreasing the sick rate. 4. The over-alimentation with sugar acted especially upon the prophylaxis of accidents attributable to heat and fatigue on the march and in manœuvres. 5. It was possible, without in any respect diminishing the vigor of the subjects, to replace for three days the entire food ration by three hundred grammes of sugar on five volunteers, who made the last stages of the manœuvres without any fatigue.—Through the *Military Surgeon*.

WHAT SHALL THE STATE SOCIETIES DO AFTER REGISTRATION IS SECURED?*

By ISABEL McISAAC
Late Superintendent Illinois Training School

THE primary object of nearly if not quite all of the state societies of graduate nurses was for the purpose of securing state registration, and so long as the stimulus of a definite object was present interest and activity did not flag; but already evidences are not lacking to indicate that some of our state societies are like many middle-aged women whose daughters are all married and comfortably settled for life, who sit down in the easiest chair to be found and speedily become rotund, indolent and hopelessly uninteresting.

An organization differs little from an individual in many ways and must have some definite object to strive after or it soon drifts into a merely passive perfunctory machine of no particular use to any one concerned. In the report of one of the Maryland meetings Miss Packard, the president, made the statement that the state societies should be post-graduate schools and certainly the right idea has never been better expressed.

The question then resolves itself into how can this post-graduate work be done in a way to give the greatest benefit to the nurses of this or any state?

The writer has more than once been impressed with the need of a closer working relation between the state board of examiners and the state society. The state board of examiners are in a position to learn the weak points in the training given in every hospital in the state, and from outside states as well, and it would seem that if the chairman of the board of examiners, would make a statement at the annual meetings of what lines of study were needed to bring up the average of the state, that such a statement would prove an excellent guide for the program committee, and also be valuable to many of the superintendents of training schools in this work of training pupils.

In choosing subjects and writers for such topics, which serve as a sort of review, care must be taken to have them presented in an interesting as well as instructive manner; no graduate nurse wishes to be addressed as if she were a probationer. One of the great defects in

* Read at the Indiana State Nurses' Association, March, 1908.

papers of this kind is the lack of proper references. Nurses who were graduated six, eight or ten years ago are often at a loss to know where they may find the best and newest presentation of a subject, and papers written for this kind of review are much more valuable when authorities are cited.

The state societies usually have quarterly or semi-annual meetings, and it would seem that brief papers reciting the newest developments and nursing treatment in medicine, surgery, obstetrics and children should never be omitted.

The writer would make a strong plea for subjects which will be particularly helpful to the private duty nurse, whose work and welfare are very often pushed aside for the more spectacular work of the visiting or hospital nurse. The private nurses are the bone and sinew of our nursing organizations and should and might have more help and consideration. That they do not, however, is largely their own fault, the writer admits, as the greater proportion of them absolutely refuse to take a more active part, which is a great mistake. The record of a private duty nurse's experiences would be invaluable to the young nurse at the beginning of her career.

One kind of work the writer would very much like to see taken up by the state societies is that of compiling nursing statistics. In the various census reports one may find vital statistics which include nurses, but one never knows whether a child's nurse-maid or a graduate nurse is meant.

There are two special points which need to be cleared up regarding nurses; first, the death-rate and cause of death, and second, the duration of their nursing life. The latter should be considered apart from those who end their nursing careers by marriage.

Ever since the writer was a probationer she has heard two traditions regarding nurses; one that a very large proportion die of tuberculosis, and the other that ten years is the average duration of a woman's nursing life. It would not be a difficult undertaking for the state societies to keep records for five years and clear up these points, which would be vastly interesting to every nurse and to medical statisticians as well.

Another subject which claims our attention is the welfare of nurses. The peculiar conditions under which all nurses work both in and out of the hospitals produce peculiar results often grave and disastrous. Too much work and too little companionship and healthy amusement cannot fail to wreak physical, mental or moral revenge upon the most robust human being, and not one among you who has been a nurse for five years or more but can recall sadly to mind mental, moral and physical

wrecks, which might possibly have been avoided by different environment. Nurses' clubs have proved invaluable in the very large cities but many nurses object strongly to living in an atmosphere which is necessarily too full of "shop talk," and in smaller cities and towns clubs for nurses are wholly out of the question.

The subject is one which the state societies should thoroughly investigate, and probably out of the mass of information obtained some practical and definite points for the betterment of nurse's welfare, both in training and after graduation would result.

The work so far suggested has been wholly within and for the welfare of the nurses in the state, but a state like a well-ordered household cannot confine its interests entirely to its own affairs. There must be mutual interests in neighboring states and in national affairs and some little time should always be assigned for their consideration at every state meeting. For instance Indiana, Illinois and Michigan lie so closely together that no very great expense would be involved if a joint meeting every two years were held in rotation in the different states. This coming together is extremely pleasant, interesting and profitable. The more we know of one another the better off we are. It is a great comfort to find that our neighbors have the same problems to struggle over that we have.

In the national organizations, the superintendent's society, the associated alumnae and the state societies should always keep in close touch. To many nurses these organizations seem far away and of little interest; but this should not be the case, for to the work of both of these societies we owe not only state registration, but the vast strides which have taken place in the betterment of nurse's training, our *AMERICAN JOURNAL OF NURSING* and the course in hospital economics, all originated in these societies, and without them we would soon lapse into the aimless ineffective body which existed not less than fifteen years ago. Welded together the alumnae societies, state societies, and national organizations, may be a mighty power for the good of nurses and nursing, and the state society should make a special mission of keeping the various alumnae societies in close touch with the associated alumnae. For instance, the choice of a delegate from the state association should be made with extreme care; she should be a woman who has had much experience and with good judgment to decide upon the important questions arising in the associated alumnae meetings, one who is particularly well-informed upon all subjects pertaining to nursing, and every alumnae society in the state she represents should be informed that she will represent the state, that they may in turn let their delegates know who will be the state repre-

ment. Too often the alumnae delegates are sent to the associated alumnae meeting with the vaguest instructions, and with their inexperience and ignorance, are blown hither and yon by every opinion they hear around them, while if they knew who the state delegate was they could go to her for information and advice. The state delegate should also be furnished with a list of the alumnae delegates and in this way much benefit would be derived for all concerned.

In closing the writer begs to add a few words to the individual nurse.

In very homely words, the bane of all organized effort in this world are the people who will "neither fish nor cut bait." Nursing work is inclined to be narrowing; if we are hospital nurses in any capacity we are liable to become so bound up in the complex routine of our daily lives that we almost forget that any world exists outside the four walls of our hospitals; if we are private duty nurses we are largely cut off from the natural activities of life and tend to become self-centered, and worse than all self-pitying; and thus it becomes a duty to guard ourselves from falling into such deep ruts that we cannot see the needs of our neighbors.

The nursing organizations are not always managed to suit our individual liking; but we all have the privilege of free speech, and the power of the ballot to change the management, and we should never forget that whatever our organizations are they are *exactly what nurses* have made them.

No nurse has the moral right to stand aloof from organized effort for the betterment of nursing; every one among us is indebted to every nurse before us from the creation, and we too have a duty to those who are to follow us, and it behooves each one of us to ask herself what she has done to help or hinder the next generation of nurses. We may say that it is none of our business but we cannot run away from our obligations; sooner or later we must all give an accounting. No woman should dare to nurse who does not keep herself informed of all that goes on in the nursing world. The alumnae society and the state society will do much for her but she must constantly read and study or she will become hopelessly behind in a very short time.

On the other hand we have, like all professions, certain ones who are so hide-bound that they neither know nor think of anything but "shop." Anything more tedious than a nurse who can find nothing to talk about but her patients' symptoms, and what the doctor said I do not believe exists; one always has a desire to change the subject to millinery or something else more enlivening. I recently heard of a man who when engaging a nurse said he didn't want one to instruct

him in bacteriology and surgical technique, he preferred one who would talk about clothes or who would tell him the neighborhood gossip, and personally I confess to a very responsive feeling on the subject.

Because nursing is a serious, often sorrowful and painful round of duty, makes it all the more necessary that nurses should be optimistic and cheerful in their whole attitude toward life; not machine-like cheerfulness which is so depressing, but a good wholesome lively interest in all the world, and a capacity for finding things so bad that they are funny. Nothing is truer than the saying that "a lively sense of humor will carry a woman through where religion fails."



BY MEANS OF WHAT INFLUENCES COULD ENORMOUS IMPROVEMENT IN HEALTH BE OBTAINED?

FIRST, by providing clean air, free of smoke, dust (especially city dust containing horse manure), and noxious gases, which would be possible through clean streets, proper sewage and plumbing, ventilation of schools, railway cars, factories, public buildings and dwellings; the abolition of unsanitary tenement houses; and the education of the public as to the necessity of pure air.

Second, by pure water sources, uncontaminated by sewage or factory refuse.

Third, by pure milk and other foods free from noxious preservatives and infection.

Fourth, by the suppression of quackery in medicine, resulting in the disuse of nostrums, opium "soothing syrups," alcoholic "sarsaparillas," etc.

Fifth, by knowledge on the part of the public of a few simple facts as to preventive medicine and hygiene.

Sixth, by the establishment of a health ideal as a national ambition, such as proposed by Galton and in part realized by ancient Greeks and modern Japanese. As President Roosevelt said, "The preservation of national vigor should be a matter of patriotism."—*Public Health Catechism*.

WHAT I LEAVE BEHIND IN A TYPHOID CASE

By NANNA COLBY, R.N.

Graduate Chicago Hospital Training School, Iona

It is frequently my experience to leave a typhoid patient as soon as the fight for life is over, and while there is still some time before she can leave her bed. In each case I have known the fact long enough before going to give full instructions, and this is the way I go about it.

I choose the member of the family who has been my most efficient helper. Beginning with the cleansing of the mouth, I show her carefully how to perform the routine tasks of the morning. Since this is a journal for nurses—graduate and pupil—it is quite unnecessary to go into the detail, as that is—or should be—understood. I do not keep the assistant in the room the entire morning, for that would often be trying for the patient, but let her help with the very early tasks one day, and the next assist with the enema, and possibly the bath. The lessons must be regulated according to the strength and condition of the patient.

The instruction for the enema must be very carefully given; the temperature, preparation and just how to insert the point or large soft rubber catheter if that is left in place of the high rectal tube. Caution must be given against force in inserting the tube and against high pressure, for the tissues of the bowel and rectum are very tender to say the least.

The lesson of the bed pan is by no means unimportant. As the majority of the bed pans in my practice are the old-fashioned kind—like a dust pan—it requires careful instruction how to place one and protect the bed and bedding by a thick pad of newspapers under the pan and a folded piece of paper set in the pan just in front of the patient, forming what my patients often call a "dash-board." I show my assistant how to thoroughly and modestly clean the patient, without exposure and without fatigue to her. The deft pupil will watch every move you make and carefully do what you ask of her, while you are talking of other things, and outside you can answer any questions or explain anything she should know. Usually the next day comes the bath, the alcohol rub and changing the linen. This last is not new, for the assistant has helped me before and knows how it should be done when she has charge. The hand solution and disinfecting the excretions, have also been learned long ago, for the first thing I do for the family is to caution each to thoroughly cleanse the hands every time she leaves the sick room.

I have my successor give the medicines the last day so that she

will become thoroughly acquainted with the various kinds and know just how they come. Sometimes there are several, sometimes only one.

I give careful directions concerning fresh air and temperature of the room, for there is no longer fever and the temperature must be even. I also explain the necessity of giving water every two to four hours. Occasionally I teach the reading of the thermometer and how to take pulse, but if both are running normal or a bit below, the physician usually does not care for this from one of the family.

Decidedly the most important thing to leave behind is the diet instruction. This, of course, is strictly under the doctor's order, but the nurse has much to do to impress upon the family—and her successor in particular—the necessity of giving absolutely nothing more than the physician prescribes, and the great danger in disobeying his order in the slightest degree. I show how to prepare the nourishment given at the time I leave, and the exact amount. I also teach my successor how to make a few soft diets that will be allowed first, and how to broil a steak, for I find few people who know how to do this for the sick (or well).

The preparation of the patient for, and the care through the night are very essential. She will need nourishment and stimulations—perhaps only once or twice, according to the order. The temperature of the room must be kept even, especially during the early morning hours and the patient warm. In the preparation of the patient for the night, I find that a good hot sponge of sea-salt, normal salt or even plain hot water, is one of the best nerve sedatives I know. This followed by the alcohol rub and a hot nourishment—milk, egg-nog, cocoa, broth or anything that can be taken in liquids—leaves no depression and is very restful to the nervous typhoid convalescent, or one suffering from shattered nerves through any cause.

Using my assistant as a model I give her an object lesson in slowly elevating the patient to a sitting position in bed, and just how to get her out in a chair the first few times.

The care of the hair through convalescence is a hobby of mine. Before I leave, as soon as I can do it without overtaxing the patient's strength, I thoroughly cleanse the head and hair with alcohol; taking a part of the hair at a time. I then apply a good hair tonic with gentle massage, and the treatment is very soothing. In this way the hair never all comes out at once, and the new hair is vigorous and grows rapidly. Often considerable of the old hair regains its health and is not lost.

These instructions require painstaking care and time, but in every case I have found my assistant eager to learn; she has faithfully followed my directions, and her charge has made a fine recovery.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

Instructor in Domestic Science, Mechanics Institute, Rochester, New York

To board or to keep house—that is the question. If you have boarded and found it neither cheap nor pleasing, you may like to try the alternative of keeping house on a small scale.

The shops furnish several kinds of cooking apparatus suitable for light housekeeping. You may begin with one alcohol lamp, or a chafing-dish and an extra lamp, or a two-burner alcohol stove. You may have a blue-flame kerosene oil stove, a gas plate with one, two or three burners and an oven, or a gas range with four top burners, an oven and a broiler.

You will have better success if your cooking utensils are suited in size to the amounts you are going to cook. Here are suggestions for a small outfit:

Quart saucepan	Teaspoon	Strainer
Pint saucepan	Tablespoon	Two pie tins
Cover for each	Fork	Baking-dish
Small frying-pan	Measuring cup	Dishpan
Pint double-boiler	Dover egg-beater	Soap-dish
Two-quart earthen bowl	Small tea-kettle	Two dish cloths
Paring knife	Pint teapot	Four dish towels
Palette knife	Quart coffee-pot	Vegetable brush
Wooden spoon	Toaster	

If you are beginning on a very small scale, you will omit a number of these utensils. If you are doing it more elaborately, you will add several conveniences to these. A baby ice-cream freezer will freeze two dishes of ice-cream in ten minutes, and will make a variety of delicious desserts. A potato ricer makes the mashing of potatoes much easier and quicker. A meat-grinder or a chopping-bowl and knife will allow you some good things not otherwise easy to get.

Now for suggestions for a first day's menu, which, of course, must be modified to fit individual circumstances.

BREAKFAST

Cream of wheat with dates	Scrambled eggs
Toast	Coffee
	Strawberries

LUNCHEON OR SUPPER

Potato salad
Bread and butter

Cream cheese
Tea

DINNER

Veal cutlet
Boiled rice

Green peas
Strawberry short-cake

Rule number one about cereals is, never believe what the packages say about the length of time to cook them. They cannot be properly cooked in fifteen or twenty minutes. If you don't like to get up early, cook your cereal the night before and reheat it, or do without it.

Cereal. One-quarter cup cream of wheat, one-quarter teaspoon salt, one and one-quarter cups of water, two dates. Bring water to boiling point in upper part of double boiler. Add salt. Pour cereal into boiling water, stirring steadily. Let boiling continue until mixture thickens, or about five minutes. Stir only enough to prevent sticking. Place upper part of boiler in lower part, which should be half-full of boiling water. Cook forty-five minutes, without stirring. About ten minutes before it is done, stir in carefully two dates which have been washed, stoned and cut in small pieces.

Coffee. Four tablespoons ground coffee, three cups boiling water, one tablespoon beaten white of egg. Rinse coffee-pot with hot water. Stir beaten egg into coffee, and add just enough cold water to moisten coffee and make the grains cling together. Put into coffee-pot, pour on boiling water. Bring to boiling point and boil one minute. Let stand in warm place five minutes before serving.

See that your coffee-pot is thoroughly washed, rinsed and aired each time after using it. Poor coffee is oftener due to unclean, ill-smelling coffee-pots than to bad materials or wrong methods of making.

Scrambled Eggs. Two eggs, one tablespoon butter, two tablespoons water, few grains salt. Scrambled eggs should be a soft, creamy, tender mixture when done, not a tough, hard mass. This is the way to get them so. Beat the eggs slightly, enough to blend yolks and whites. Add water, one tablespoon for each egg, and salt. Put butter in the saucepan, melt, but do not brown; turn in egg mixture. Cook over low fire, lifting from the bottom of the pan as the mixture cooks, until the whites are set.

If you have too hot a fire, the egg will be tough. If the mixture is stirred too hard and fast, the egg will be broken up in fine pieces, which spoils the appearance of the dish. It is safer to set the saucepan in hot water while cooking.

Toast. Cut stale bread in even slices about one-third inch thick. Dry in oven, then toast each side a golden brown.

Now there are two different tastes in the matter of toast. One is for toast crisp on the outside only, and soft inside. The other is for toast crisp all the way through. The latter is undoubtedly better digested, because more likely to be well masticated. But if you insist upon having the soft kind, don't dry the bread much before toasting, and toast it quickly. For the crisp sort, the bread should be well-dried before toasting, or else toasted slowly over a moderate fire.

Strawberries. Strawberries are best cleaned by dipping a few at a time in a dish of water, to remove sand and grit. Then remove hulls and drain in a strainer. Serve with powdered sugar and cream or sugar alone.

While you are eating breakfast, you can have some potatoes boiling. These should be washed, pared and put into boiling water, plenty of water to cover the potatoes and keep them covered while they are cooking. Let them boil gently so that they may not break on the surface. They should cook until they can be pierced easily with a fork. But do not overcook them when they are to be used for salad. Add salt to potatoes five or ten minutes before taking them up. As soon as they are done, drain off the water, and shake the kettle gently over the fire for a minute or two, so that they may be thoroughly dried. Let them cool, and then they are ready when you have a chance to make your salad.

Potato Salad. Two medium-sized boiled potatoes, one small cucumber, two slices onion. Cut the potatoes and cucumber into half-inch dice, and the onion into very fine pieces. Combine with the following:

Cooked Dressing. One tablespoon flour, one tablespoon butter, one-half cup milk, one-half teaspoon salt, one-eighth teaspoon pepper, one-half teaspoon mustard, one-quarter teaspoon sugar, one egg yolk, two tablespoons vinegar. Melt butter, add flour and cook together without browning three minutes. Add milk and bring to boiling point, stirring constantly. Remove from fire and add beaten yolk of egg. Cook below boiling point two minutes. Take from fire and add vinegar gradually, then seasonings. This should be a smooth, creamy dressing.

To combine salad, mix the vegetables and half the dressing in a bowl, tossing together lightly with a fork. Turn out on a serving dish, and pour over the rest of the dressing.

This salad may be varied by substituting celery for cucumber, and finely chopped green peppers for onion.

Tea. Two teaspoons black or one teaspoon green tea, two cups boiling water. Scald teapot, put in tea, pour on water, which must

be freshly boiled. Let stand in warm place, where it will not boil, three minutes. Pour into cups at once. Serve with milk and sugar, or a slice of lemon and sugar.

Veal Cutlet. One-half pound veal cutlet, two tablespoons butter, two tablespoons flour, one cup water, one-quarter teaspoon salt. Take off the outside skin from the cutlet, wipe with a cloth wrung out of cold water. Put half the butter in a frying pan; when hot, put in the cutlet, brown nicely on both sides. Lift out the meat, add remaining butter and flour, cook together until blended. Add water, bring to boiling point, stirring constantly. Return cutlet to pan and simmer gently until perfectly tender, from thirty to forty minutes.

Green Peas. One quart peas, one tablespoon butter, salt, pepper, water. Shell peas, wash quickly in cold water. Put in saucepan, add just enough boiling water to cover. Boil gently, *without* a cover, until tender, about twenty minutes. Five minutes before they are done, add salt and pepper, and just before serving, add butter. The water should be absorbed or evaporated by the time the peas are done, so that they need not be drained. If the water is poured off, much of the flavor of the peas is lost.

Boiled Rice. Two tablespoons rice, one pint water, one teaspoon salt, one-quarter cup cream. Wash rice in cold water. Have pint of water boiling, and drop in rice slowly. Lift the kernels with a fork to prevent them from sticking to the bottom of the kettle, until they are dancing in the water. Then let the rice cook, without stirring, about thirty minutes. The kernels should be large, soft and transparent. When done, turn the rice into a strainer, and let cold water run through it freely. Return to the kettle, add cream and reheat carefully.

Strawberry Short-cake. One-half cup pastry flour, one tablespoon sugar, one teaspoon baking powder, one-eighth teaspoon salt, one tablespoon beaten egg, four teaspoons butter, four teaspoons milk. Mix and sift dry ingredients. Work in butter lightly, with tips of fingers. Add egg, then milk. Toss out on a floured pan, and pat out with a knife until half an inch thick. Cut into two rounds, and bake in a quick oven until nicely browned, about twelve or fifteen minutes. Split each biscuit, pile strawberries which have been standing for a little time covered with sugar on the lower half of biscuit, put on the upper half, pile on more berries and cover with whipped cream.

Be careful in adding the milk to the other ingredients in the short-cake dough, not to make the dough too soft to handle. Flour differs in the amount of moisture it will take up, and it may not be necessary to use all of the milk in this recipe.

Note.—All proportions in these rules are based upon *level* measurements of tablespoons, teaspoons and cups.

LESSONS IN DIETETICS

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois.

(Continued from page 595)

ALCOHOL

THE only form of alcohol with which we are concerned is Ethyl Alcohol (C_2H_5OH). It is produced in all the beverages in which it is found, from the fermentation of sugar by yeast. $C_6H_{12}O_6$ plus yeast and proper temperature equal $2CO_2$ plus $2C_2H_5OH$ and bye-products.

NAME	PERCENTAGE OF ALCOHOL PRESENT	DOSE
Absolute Alcohol	99	Only used externally
Alcohol	91	$\frac{1}{2}$ -2 drachms
Dilute Alcohol	41	1-4 drachms
Spiritus Frumenti	45-50	1-4 drachms
Spiritus Vini Gallici	45-50	1-4 drachms
Spiritus Juniperi	45-50	1-4 drachms
Vinum Xericum	15-20	4-8 drachms
Vinum Portense	15-20	4-8 drachms
Vinum Album	10-14	4-8 drachms
Vinum Rubrum	10-14	4-8 drachms
Champagne	10-13	8-16 drachms
Claret	8-10	8-16 drachms
Ale, beer, porter	3-6	

Externally alcohol is used as a stimulating and cooling lotion and as an antiseptic. Rubbed into the skin it prevents bedsores by hardening the epidermis.

Internally, the local effects of alcohol are those of a chemical irritant. If some strong form of the spirit (whiskey or brandy) is taken into the mouth a sensation of burning is produced owing to the irritation of the nerve endings and bye-and-bye the mucous membrane becomes somewhat corrugated and whitened by reason of the removal of water from its surface cells and the coagulation of their protoplasm. Repeated local application of this sort is the exciting cause of pharyngitis and gastric catarrh often observed in those who are in the habit of drinking strong spirits, especially on an empty stomach when the alcohol can

come in direct contact with the mucous membrane. The stimulation of the nerves of the mouth brings about, reflexly, a profuse flow of saliva.

Effects of Alcohol on Digestion.—Arrived in the stomach, alcohol mixes with the gastric contents and affects the process of digestion in several directions. It has very little influence on the chemical process of digestion. When it is present to the extent of only 1 to 2 per cent. of the digesting mixture, it is rather favorable than otherwise. If the proportion of alcohol is increased to 5 to 10 per cent. the chemical changes of digestion become retarded and it is only when 20 per cent. of alcohol is present that the process is arrested altogether.

The pancreatic digestion is much more sensitive to alcohol. If the latter is present to the extent of merely 2 to 3 per cent. the process is distinctly retarded. But digestion is not merely a mechanical process and the use of alcohol increases the stomach peristalsis, aiding thus in the mechanical action. It also promotes the secretion of the gastric juice both by irritating the nerves of the mucous membrane and also by its presence in the blood after absorption. The passage of alcohol out of the stomach into the blood is counterbalanced by a flow of water from the blood into the stomach. If then, alcohol be administered to a patient with a dilated stomach, the result may be that the total amount of fluid in the organ is increased. Given with narcotics, it hastens the action of the same, as it becomes more rapidly absorbed.

Alcohol as a Stimulant.—The Latin word "stimulus," means a whip or spur and a stimulant is anything which is capable of spurring on an organ to the performance of more work. As a rule, it may be said, that stimulants act either upon the nervous system or upon the heart and alcohol is one which affects the latter much more than the former. Any symptoms of increased brain activity which it induces are probably to be regarded as the consequence of an increased flow of blood through the brain rather than as a result of any direct action upon the cerebral cells. On account of an increased flow of blood throughout the body, alcohol should never be given as a stimulant when there is any hemorrhage. Its use increases the sweat and urine and it is burnt up or oxidized in the body, thus acting as an auxiliary food.

Elimination of Alcohol.—Alcohol is eliminated from the body by the lungs, skin, bowels and kidneys.

Some Indicated Uses of Alcohol.—In febrile diseases, the signs of its doing good are: it lowers the temperature, strengthens and slows the pulse and respiration, moistens the tongue, lessens the delirium, induces sleep and makes the skin feel moist and more natural.

Some Points to be Considered in its Use.—The question comes, why are tea, coffee and alcoholic beverages necessary to man and not to other animals? The human animal has come to live in very changed conditions. There is less muscular activity because of more sedentary lines of work; there is more nervous strain; man is subject to emotional states not seen in other animals or savages. If any person desires the use of alcohol as a stimulant it is necessary for each one to be his own judge in the matter. There are several points to be considered in its moderate use:

1. In small quantities it may be oxidized and be beneficial, but it is usually a stimulant.

2. It is injurious or beneficial according to conditions, *i.e.*, nature of the person, the amount of food required and individual constitution.

3. The limit of possible beneficial effect is soon reached. The limit is variable with different individuals and it is not necessarily harmless after the limit is reached.

4. Excessive use induces diseases, of many organs, how we do not know.

5. No individual can absolutely distinguish between the good effects and excessive amounts.

6. Danger of developing its excessive use is great. All stimulants have the tendency to increase in amount as used. Protoplasm adapts itself when gradually imposed upon.

7. It may be harmless under certain conditions. There are no statistics that it is useful to healthy conditions.

8. Many of the stimulants used are not pure. Different substances contained in them may be more harmful than the alcohol itself.

Nos. 4, 5 and 6 are the strongest points against the excessive use of alcohol.

(To be continued)



CAMPING IN OLD VIRGINIA

By NORMA V. ROUND, R.N.

Maryland

A CAMPING party was one of our dreams while in training. Many an evening after we came off duty, too tired to do anything else, we would lounge around and plan an ideal camp. After we graduated, we were all so scattered our plans never materialized until last summer.

Accidentally I heard of a house-boat for rent near the picturesque little town of Occoquan, situated on Occoquan Creek, near where it empties into the Potomac River and only an hour's ride from Washington. This being a central point there seemed a possibility that our dream might be realized. I immediately wrote to all my classmates and received such enthusiastic replies from them that I engaged the boat, bought a tent, and wrote them to meet me on July 3d, each to bring a friend—a brother preferred.

We were to be in uniform, so I asked each nurse to bring two old blue uniforms, also red bandana handkerchiefs for neck and belt, a farmer's hat decorated with a red bandana, a tin cup, plate and spoon, a blanket and a tick to fill with straw.

The men were to wear blue shirts to match our uniforms with bandana handkerchiefs for the neck and khaki trousers and leggings.

My brother and I drove across country about twenty miles carrying a small stove, hammocks and a few other necessities. When we reached the top of the last hill we were repaid for our long drive by a beautiful view of Occoquan Bay as it widens out into the Potomac River.

The town of Occoquan has a most romantic location at the foot of the hill and bursts suddenly upon you when you have no idea there is civilization anywhere near you. The name is of Indian origin, meaning under a hill. There is a tradition that Spaniards landed here and made a settlement early in the seventeenth century. The town lies at the head of navigation at the foot of what is known as Occoquan Falls, where the small river comes dashing and foaming among great rocks, making a descent of about seventy feet in the last half mile. It is a place that artists rave over and photographers delight to frequent. On your way to Jamestown, via the Atlantic Coast Line, you can catch a glimpse of Occoquan, as you whirl along over a high bridge, two miles farther down the stream. Nestling among the foothills on the banks of a placid winding stream it is a sight which will not be forgotten.



HOUSE-BOAT WHICH SHELTERED US FOR TWO WEEKS.



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Just as we reached the outskirts of the town where we wished most to make a good impression, one wheel played us false and we made our debut in rather a precipitous and original manner.

On the stream just above the town is an old grist mill and above that an older mill in ruins overgrown with ivy. One hundred yards farther up stream amid huge rocks we anchored our house-boat which was to answer as sleeping apartments and a place in which to lock up our few valuables. Up a rugged but beautifully shaded path, along the "race" which furnished water for the mills, we found an ideal place to pitch our tent. Here we hung our hammocks, sheltered our stove, built our table, and camp was ready.

We were practically in a wilderness, yet within five minutes of the town of Occoquan, where we could procure everything we needed from fresh meat and home-made bread and pies to row-boats, launches and fishing tackle. One merchant even allowed the campers to get vegetables from his garden but would not charge anything for them because, as he said, "they grew."

Can anything more ideal be imagined? Not to the mind of any member of our camping party.

There were ten of us and we spent two weeks out of the ruts of life and in that happy state of mind which no one can appreciate unless she has been camping.

The days were spent chiefly in fishing and rowing and in luxurious idleness.

Every afternoon while the boys went to the deep hole for a swim, the girls would go "rocking." This is a word which was coined at Occoquan. It consisted in donning bathing suits and rowing up among the boulders where an hour was spent in climbing over the rocks, wading in the water and sand, and hanging to the sides of the boat as it drifted over deeper water.

And the boys up at the "deep hole" would plunge into its cool fathomless depth and then rise to the surface aglow with the joy of living; then they would lie on the rocks in the warm sunlight and let time drift by like the clouds.

But the climax came in the evening. As the shades gathered, you could see two boats push out from the shore and drift down the stream side by side, and following in their track over the water came floating songs and laughter until they died away as the boats drifted over "Devil's Reach." If you had asked the party where they were going they would have said "To meet the moon."

Each night they drifted down until they met Luna as she rose over the hills and then they rowed back to camp.

Excursions were taken in a launch to historic places. Only eight miles to the east stands quiet Mount Vernon. Down the Occoquan, as you pass under the high railroad bridge, you come to the site of the vanished village of Colchester, an important town in Washington's day, where but a single house now stands. Across the Potomac we found Marshall Hall. A few miles to the south is Old Dumfries, which was a port of entry before Baltimore or Alexandria. And, I almost forgot to say, that the ruins of the foundry, where John Ballendine cast iron cannon balls for our revolutionary forefathers, lay on the side of the "race" only one good stone's throw away.

But the most remarkable thing was our expenses.

The rent of the house-boat, the cost of the tent, the hire of the launch and row-boats, the provisions and everything amounted to about sixty-five cents a day for each person, and no effort was made to cut expenses either. And for this small sum, here amid a beautiful setting of hills, rocks and trees, we found heart's-ease for a fortnight.



AN UNCONSCIOUS PUN

THE following must be read aloud to be appreciated:

I was visiting at a physician's whose wife was an old friend of mine, and a bright woman greatly interested in hygienic subjects.

The doctor and I were talking about a case of cirrhosis of the liver. The wife listened in a puzzled way till the term had been used several times. Then she exclaimed with emphasis: "I never heard *sorosis* of the liver!"

"Did you ever hear of cirrhosis of anything?" asked her husband in an amused tone.

"Why, yes; it is a kind of a shoe!" was the prompt reply.

The doctor's and my eyes met, and in spite of ourselves we laughed at the unconscious pun. She took our mirth with good nature, but I doubt if she ever exactly understood the joke.

E. B. B.



"ROCKING."



OUT FOR A ROW.



AT THE FOOT OF THE RAPIDS.



ON THE WAY TO MOUNT VERNON.

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RED CROSS WORK



THE RED CROSS IN TIME OF PEACE

A BANNER of white, emblazoned with a scarlet cross, has been unfurled by forty-three of the nations of the world. It is universally recognized as the symbol of humanity and neutrality, and it is a standard which marks the rallying point of every individual, interested in the prevention of human suffering. Therefore it is a matter of much surprise and disappointment that hundreds of professional nurses were not in the foremost ranks of those who have come to the support of the Red Cross.

One of the first acts of the New York State Branch of the American National Red Cross was to nominate a committee on the enrollment of nurses. It has been pointed out, that this committee showed its readiness to conform to the standards of the professional nurses, and they invited the coöperation of the nurses in furthering the work of the Red Cross. When the nurses failed to enroll, the Red Cross endeavored to discover the reason for the lack of interest shown and they invited suggestions from, and discussion among the nurses.

At the time of the reorganization of the American National Red Cross a great deal of emphasis was laid on the point, that the Red Cross was the reserve emergency organization of the American people to relieve distress in time of war or calamity. The experience of graduate nurses during the Spanish-American War had proved that in time of war or calamity the services of properly qualified nurses were indispensable. This made it difficult to convince nurses that there was any urgent reason why they should comply with the various rules and regulations for enrollment and bind themselves by what appeared to them an arbitrary agreement for an indefinite time of service.

However a very radical change in the affairs of the American National Red Cross was brought about by the unanimous adoption of a resolution at the Eighth International Red Cross Conference held in London, 1907, that "it is desirable that the societies of the Red Cross participate in the struggle against tuberculosis." This was the outcome of a general conviction of "the need of permanent practical work in time of peace for the maintenance of the effective energy of the Red Cross." There was no restriction as to what form such "permanent practical work in time of peace," should take; accordingly the District of Columbia

Branch inaugurated and delivered a course of six lectures on "Home Nursing" for the benefit of persons who were not able to obtain the services of a professional nurse in time of sickness. This has aroused bitter opposition to the Red Cross from some nurses on the ground that such lectures would attract an undesirable class of persons who after attending such a course of lectures, might attempt to usurp the position of the properly qualified nurse. Suppose we admit for the sake of argument that there is some truth in this, that undesirable persons might attend these lectures and afterwards pose as properly qualified nurses, will any nurse in good standing admit that she believes, the competition of such quack nurses, would be a menace to her either personally or professionally? As for protecting the general public from such quack nurses, nine times out of ten the general public has shown that it is quite well able to protect itself, and on many occasions it looks after its own interests rather more zealously than is agreeable to the disinterested nurse. On the other hand when we recall how much instruction any information in the shape of free lectures and exhibits for every conceivable study and subject, can be had in most of our large cities, when we note that the persons who take the lead in such public-spirited movements are for the most part men and women in the front ranks of their respective professions, we cannot but feel that the nursing profession only belittles and humiliates itself by opposing any course of instruction such as the one we have mentioned. Look over the list of free lectures delivered in New York City this winter, for instance the course of twelve free lectures on Nutrition given by members of the Faculty of Columbia University at Teachers' College, or the lectures on Law delivered at Cooper Union by members of the Faculty of Columbia College, or the lectures on Preventable Diseases for the benefit of the general public given by the King's County Medical Society, and those delivered under the auspices of the Department of Education. They excited no outcry, to the effect that they might attract an undesirable element and so deluge the general public with quack professors!

It has been said that social efficiency depends upon a sense of social responsibility which requires each and every member of the organism, to place the interests of the community or nation over and above those of his own self, and which is shown by vigorous individual efforts in the cause of the betterment of society. It was this spirit of social responsibility which prompted the delegates at the Tenth Annual Convention of Nurses' Associated Alumnae to appoint a Committee on Public Health. It was this same spirit of social responsibility which prompted the Red Cross to undertake a campaign of health education with reference to the

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prevention of disease and accidents and the highest degree of social efficiency of both societies, the Nurses' Associated Alumnae and the Red Cross, can best be reached by the affiliation of the nurses with the Red Cross and the hearty coöperation of both in the furtherance of this public health work.

Under the auspices of the New Utrecht Red Cross a branch of the Brooklyn sub-division, a series of informal addresses are now being given under the title "Hygiene-Sanitation and Emergency Care of the Injured." The object of these addresses is the spread of general information on these subjects. No special class is enrolled, all regular members of the Red Cross are privileged to attend on payment of a nominal fee of fifty cents for six addresses. Non-members pay at the rate of twenty-five cents an address, with the understanding that when they have contributed one dollar and fifty cents, one dollar will be forwarded with their name and address to Red Cross headquarters and they will be enrolled as regular members. The registered nurses have been asked to coöperate with the Red Cross in this work by delivering these addresses. Two reasonable objections have been offered, one, that the majority of nurses know nothing about teaching and are not accustomed to speaking in public; the other, that as time means money to the majority of nurses, it will be impossible to do any effective work unless the Red Cross can have salaried teachers. It is probable that for some of this work the Red Cross will arrange a definite course of instruction with salaried teachers, but in a movement which it is hoped will become as wide-spread and far-reaching as this some of the pioneer work must be voluntary. Every nurse is not adapted to teach but teachers as well as nurses have to be trained before they are really efficient, and to those who are interested in this line of work we offer the suggestion that these informal Red Cross addresses, delivered to an inexperienced audience, might offer a good practice field for the training of teachers and public speakers on hygiene, the laws of sanitation and kindred subjects.

BEATRICE STEVENSON.

Brooklyn, N. Y.

Dear Editor: The account given in the May number of the New York County Nurses' Society meeting in April does not, I think, convey to readers the impression which I tried to make in what I said there. I will be grateful, therefore, for a few lines of space in which to recapitulate. My remarks related entirely to the proposition of classes in nursing under the auspices of the Red Cross. I did not include hygiene or sanitation. As a matter of fact, I should always approve of public

teaching in hygiene and sanitation, if given by competent teachers. I remarked, however, in passing, that it had been shown in England that special training for such teachers was of the utmost importance. Nor did I oppose first aid teaching. But I think first aid should be taught by physicians. My text was, "Should nurses undertake the teaching of popular or elementary nursing for the Red Cross societies?" My opinion was in the negative, *not* because such amateurs would enter the field in *competition* with trained nurses—I took some pains to explain that I believed trained nurses as a whole rose superior to this feeling—but emphatically because such teaching would surely produce the superficially instructed amateur which the Red Cross societies in Europe have produced by similar nursing courses, and because the glamor of the Red Cross attracted an adventurous class, as I had myself seen at Johnstown during the flood rescue work, and before that in Florida during a yellow-fever epidemic, and that this class would certainly pose as Red Cross nurses and that many of them would be frankly commercial in their attitude.

I have seen, abroad, the clearest evidence that the Red Cross does great harm to thorough nursing teaching by its popularization of "classes in nursing" and by its amateur methods. I think it would be a great mistake if it were to repeat these methods in this country, and a foolish thing for nurses to assist in it.

I said that I do think every mother and sister, daughter and wife, should know how to make a bed for a sick person, give the cleansing bath and do all of the many little nursing duties that every helpful woman can learn. Such teaching, of a practical character, has always been given in the settlement of which I am a member, and I have taken a share in it. I doubt strongly, however, that the Red Cross will reach this domestic circle. The hope of glory, the fascination of the brassard, attract the moths and butterflies, and there will simply be another variety of short-term nurses to add to the present numbers of workers who have not been properly fitted for their work.

L. L. DOCK



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NURSING IN MISSION STATIONS



HOW A SMALL HOSPITAL WAS STARTED

ABOUT ten months ago, Miss Beatrice H. Woodward, graduate of the Orange Memorial Hospital, was sent by Mrs. Whitelaw Reid to take up the duties as parish nurse for St. Matthew's Episcopal church, San Mateo, California. Before her arrival in our little village, we had thought that we were unusually free of any very poor and needy people; however, we soon knew differently. Miss Woodward has a faculty of finding them out. Her ever ready sympathy and help make her a welcome visitor every where. So, through her labor, the Red Cross Guild began—far from looking after and caring only for those inside our own parish, the work spread or rather broadened out enough to embrace every one in need, independent of race, creed or color. Before coming west, Miss Woodward had spent a short time in New York studying the district work there, and now a work that was wholly unknown in San Mateo a short year ago has borne fruit, for when Mrs. Reid understood the great good that was being done by our parish nurse, she again opened her generous heart—and plans were soon being made to build a hospital, which she would donate in memory of her mother. The hospital was to be an emergency one for those whom it was impossible to take as far as San Francisco.

So our little Cottage hospital was built with five rooms, two baths, a general sitting, dining, and office room, in one, kitchen, and a small servants' room. The total cost of this was five thousand dollars. Then comes last, but not least, our little operating room, sixteen by eighteen and a half; this cost twenty-five hundred dollars, and one seldom sees a more complete or handsomer operating room in even a large hospital and certainly never in a small one. Mrs. Reid cabled from her London home that the operating room and its belongings were to be of the best. The name of the Hospital is St. Matthew's Episcopal Red Cross Guild Hospital. It is under the jurisdiction of St. Matthew's Episcopal church and is built on the spacious church grounds. The hospital is

[It is our intention to give space to all missionary material which may come to us, in this department, whether it relates to work at home or abroad. The following article is not exactly on a missionary subject, but it is written about a work which has the true missionary spirit, and we are glad to present it here.—Ed.]

affiliated with the National Red Cross of Washington and yet is independent, so that it need not report to headquarters except in case of national calamity, when we have volunteered to go hand in hand with them to our utmost capacity.

About two weeks before the dedication, a street car accident occurred near San Mateo. The building was just completed, but the instruments and most of the furniture were still packed but everything was hurriedly gotten ready by Miss L. W. Black, a graduate of the London Hospital, England. This lady had also been sent by Mrs. Reid to take charge of the hospital. Miss Black made it possible in a few hours for the surgeons to perform an amputation just below the right knee. Strangely enough, this first patient in our hospital was an employee in Mrs. Reid's father's service, and was therefore especially entitled to attention at this hospital. More than all it saved his life, for he surely would have died had he been taken to San Francisco, on account of the distance. Four more cases were taken in a few days later, one was a maternity case, the other two operative; and on January 23rd, at three P.M., when the dedication service was read, there were four patients and one little baby. There was also one new patient, whom Miss Woodward had found through her district work nearly dying, and as soon as she dared move her she was brought to the hospital.

The dedication service was conducted by the Rt. Rev. Wm. Ford Nichols, bishop of the diocese of California, assisted by Rev. N. B. W. Gallway, rector of the parish, with organist and choir. Ambassador and Mrs. Reid, as well as Mrs. Reid's father, Mr. D. O. Mills of Milbrae, California, were present. The opening hymn and prayer were in the main downstairs room, then the upstairs and finally the operating room were dedicated to the art of healing.

Mr. Gallway made an address in which he spoke of the blessing which had come to this community and expressed the hope that this small hospital would serve as a means of rousing the people to build a larger institution, really adequate to the need of this section. No discrimination was here to be made among patients as to race, color or creed, every one was to be made welcome, and as many as the place could accommodate should not only be made welcome but it should be made possible for them to receive their own clergy. Mr. Gallway said we are only trying to do what Jesus Christ would do were He here. He also hoped there would be many other little church hospitals erected until there should be a chain of such hospitals all over the land. He congratulated the donor on starting such a movement.

The Rev. Mr. Kimball of the Congregational church spoke for

the community which he represented and congratulated the parish upon the opportunities for good which this hospital offered.

Rev. S. Quickmire, pastor of the Methodist Episcopal church, paid tribute to the noble woman who ministered to the wants of the Saviour and he was glad that it had entered into the heart of a woman to render service to the sons and daughters of the Heavenly Father.

Dr. Offield spoke for the medical profession. He said already, before the formal opening, this hospital had saved more than one man's life, and he congratulated the hospital on having well-trained nurses.

The bishop then gave the closing address, speaking of church hospitals from a historic standpoint and showing their unifying influence, not only upon the Church but upon the communities in which they were situated.

The first church hospital in this country was started sixty years ago by Rev. Dr. Muhlenberg of New York City in two small rooms in a back alley, and to-day it has a large building. Since this beginning, the country has literally been dotted with such institutions of mercy. He felt sure that in San Mateo, from this time on, doctors, patients, nurses and people would be drawn more and more together, till at last they would form one great family in sickness as well as in health—and all because of the Red Cross Guild in our town.

After a closing prayer the nurses showed the visitors over the building. As a nurse myself, and also a churchwoman, I am more than proud to know that all this has been brought to life through the patient work of a sister nurse.

Theresa Erickson,

Graduate Northwestern Hospital, Minneapolis, Minnesota

A CALL TO THE PHILIPPINES

WE call special attention to those of our readers who have a bent for missionary work, to the letter from Mr. John W. Wood, secretary of the Domestic and Foreign Missionary Society of the Protestant Episcopal Church, to be found in the letter department. A number of important posts in the missionary field, have been filled through announcements made in our pages, and we are always glad to give space to such requests, when asked to do so.

NEW EDUCATION IN CHINA

A NEW method to simplify the Chinese language is being introduced for use in the newly opened public schools of China. Fifty or sixty

of the main sounds have been selected and incorporated into a system somewhat on the plan of shorthand, and several of the schools are already giving it a trial. In other ways, too, the educational system is being modified and made more simple. Instead of conning the wise saying of the sages, Chinese school children now read stories of familiar objects from brightly illustrated primers and graded books, as American children do. The Christian mission school has had a powerful influence in bringing about this change. As the boys and girls trained in mission schools have grown to maturity, their good citizenship has been felt, and China is asking for more such men and women. Though government schools are being opened everywhere, the mission schools are more crowded than ever before.

MISS REBECCA SAVILLE ATKINSON

MISS REBECCA SAVILLE ATKINSON is a member of St. Philip's Church, Philadelphia, her native city. She was educated partly in Philadelphia and partly in Detroit. Four years ago she entered the Training School of the Protestant Episcopal Hospital of Philadelphia, graduating in the class of 1906. Since then she has devoted herself to private nursing. Recognizing the physical and spiritual needs of people in distant lands, and the work that can be done through the mission hospital to open the way for the Gospel, she offered for the Philippines, expecting to make missionary service her life work, and expressing her willingness to go elsewhere if necessary. Those under whom she secured her training speak highly of her ability as a nurse.—*Spirit of Missions*.



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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF SHOCK.—*The American Journal of Surgery* says: Raising the foot of the bed twelve inches may combat shock more quickly than the repeated administration of stimulants and, by the way, is far less harmful to the patient. One should remember not to use this means in abdominal cases where pus has been found in the peritoneal cavity.

CONSUMPTIVE SANATORIA: ARE THEY WORTH WHILE?—In *The Glasgow Medical Journal* Dr. David Lawson shows on the base of statistical material that the fact that eight years after discharge from sanatoria so large a number as seventy-three per cent. of persons treated were still capable of work, and of these over sixty-one per cent. enjoyed full working capacity, must effectually refute the contention of those who assert that the clinical results of sanatoria do not justify their existence.

TREATMENT OF THE OPIUM HABIT IN INDIA AND CHINA.—Before the Medical Society of the County of New York Dr. W. D. Silkworth, of Brooklyn (by invitation), told of the so-called Malay cure with burnt opium and the method of employment. A demonstration was made before the society of the making of the pill, and how it was used in the pipe. The remedy was discovered by a Chinese wood cutter and its introduction was furthered by Sir Charles King. Six patients were presented to demonstrate the results of the treatment.

EXPERIMENTAL NOTES ON ARTIFICIAL NUTRITION, WITH SPECIAL REFERENCE TO THE HYPODERMIC METHOD.—As reported in *The Medical Record*, Dr. Herbert S. Carter read this paper before the New York Academy of Medicine. He called attention to the inadequacy of rectal feeding in many cases and asked how the nutritive equilibrium could be kept up more satisfactorily than by this means. After reviewing the important contributions to the subject, and the literature on this subject was very scant, he referred to experiments made on dogs with injections of certain agents of nutritive value, and said that he did not think it was

unreasonable to believe that the application of the same method might be used with benefit on man.

VACCINATION AGAINST PLAGUE.—In a report of the proceedings of the American Society of Tropical Medicine *The New York Medical Journal* says: Dr. C. P. Emerson, of Baltimore, read this paper by Dr. Richard P. Strong, of Manila. He described the treatment of persons exposed to plague by the injection of attenuated living cultures of the *Bacillus pestis*. He had vaccinated two hundred persons. There was no severe reaction. There was a little induration and redness, with soreness on pressure, at the point of inoculation. There had been no serious results so far. The examination of tissues from apes after the inoculations showed the presence of the organisms in the tissues. The bacilli evidently reproduced for a time and then died off. Vaccination should be done only when the operator could guarantee the organism to have lost all virulence. The stability of the virulence of the *Bacillus pestis* necessitated the greatest precautions and repeated testing on guinea pigs. A higher degree of immunity was obtained by this method than by any other.

Dr. William H. Welch, of Baltimore, said that there was no instance of substantial protection from disease by the injection of killed organisms. It was only by the injection of living cultures that we could expect to get the best results in protective vaccination. The vaccination against smallpox, anthrax, rinderpest, and tuberculosis in cattle was all done with living organisms. There seemed to be little hope in the direction of vaccination with killed organisms.

THE TRANSPLANTATION OF FORMALDEHYDE-FIXED BLOOD-VESSELS.—*The Medical Record* in an editorial says: The striking and epoch-making experiments of Carrel have opened up a new field of surgical endeavor, the far-reaching results of which are hardly appreciated by the casual observer. The demonstration of the successful suture of blood-vessels has brought within the range of possibility, if not immediate probability, not only the cure of aneurysm by extirpation of the dilated portion of the vessel and its replacement by a segment of a vessel from one of the lower animals or by a diversion of the blood stream through a neighboring artery or vein, but even the transplantation of an entire organ to serve in the place of one rendered useless by disease. A recent experiment of Dr. C. C. Guthrie, of St. Louis, reported in *Science* of March 20, has shown that it is not even necessary to use a fresh vessel

for successful implantation. He removed a segment of the vena cava of a dog and kept it in a 2.5 per cent. formalin solution (in 0.9 per cent. sodium chloride solution) for sixty days. He then cut a segment 0.75 cm. in length from the common carotid of another dog and filled the gap with this formalin-fixed vena cava. Three weeks later he examined the artery and found the segment in place, somewhat elongated and of smaller diameter; it pulsated strongly and the circulation through it was perfect. Before being sutured to the artery, the vein was removed from the formalin solution, washed in dilute ammonia, dehydrated in absolute alcohol, and impregnated with paraffin oil.

MODERN METHODS OF TREATING INFECTIVE CONDITIONS OF THE THROAT.—*The Medical Record*, in an abstract of a paper in *The Lancet*, says: Meredith Young has undertaken a series of experiments to observe the respective values of gargling, douching, swabbing, use of troches, etc., in combating septic conditions in the mouth. He has made cultures before and after the employment of these various methods from throats seen in connection with scarlet fever, diphtheria, hospital sore-throat, etc. His results go to show that for throat disinfection gargling possesses no advantages but rather several disadvantages. It is merely a flushing process at best and sterile water is doubtless as efficient as are many of the gargles used. Douching properly done is useful but is hardly adapted for anything except hospital service owing to the difficulty of performing it and the dangers of it when improperly done. Spraying is little better than gargling. Gratifying results were obtained in Young's observations by the use of medicated lozenges. The best method proved to be swabbing. The author says that to secure the best results with this method the patient should be placed with the head well back over a pillow in pretty much the same position as for removal of adenoids so as to prevent any liquid from the swab going into the larynx. The swabs should be nearly as large as a walnut and can be made of absorbent cotton or wool securely fastened in an ordinary sponge holder. They should be firmly and rapidly passed over the fauces with a rotary motion and if possible thrust up into the nasopharynx, at least three or four swabs being used at each attempt. A very useful combination for using on the swab is the one so common in otological practice, boric acid one ounce, rectified spirits two and one-half ounces, and pure glycerine eight ounces. After swabbing the fauces once with this and then with sterile water the bacterial flora of the anterior pillars was reduced to twenty-five total colonies and there was an entire absence of staphylococci and streptococci.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE ASSOCIATION OF NURSING SUPERINTENDENTS OF INDIA

THE report of the above association for 1907 has been sent in by Miss J. W. Thorpe, care of St. Catherine's Hospital, Cawnpore, and is full of interest. It begins by giving the list of members, among whom we find Miss A. R. Creighton, of the Illinois Training School, superintendent of nursing in the Victoria Hospital, Benares; Miss K. Fahs, of the University of Pennsylvania Hospital, holding a similar position in the A. E. L. Union Hospital, Guntur; Mrs. Klosz, of the Johns Hopkins, at Akola; Miss E. C. Morrison, of the Victoria General Hospital, Halifax, Canada, as superintendent of a nurses' training school in the Hoyte Memorial Hospital at Jhansi; Miss Thomson, of the Toronto General Hospital, Canada, superintendent of nursing in the Mission Hospital at Indore, together with a number of English nurses, from some of the most noted schools in Great Britain. The membership, in all, numbers twenty-six superintendents of nursing in India. As the meeting was the first conference since 1905, the constitution and bylaws drawn up at that time were discussed and accepted. Of the former, Article II as passed reads:

The object of this Association shall be to elevate nursing education by obtaining a better class of candidates, by raising the standard of training and striving to bring about a more uniform system of education, examination and certification, for trained nurses, both Indian and European.

Active members are superintendents of nurses holding certificates of any recognized training school. In considering the question of women who were trained in India, it was agreed that Indian hospitals, to be recognized, must have a superintendent holding a certificate from a recognized school in the home country and must give its pupils three years of training.

Associate members are nurses holding hospital positions such as sister of ward, etc. The suggestion was made, that, as the number of private duty nurses in India is constantly increasing an attempt should be made to form an association for them.

The necessity for a good nursing journal for India, to be managed by nurses, was put before the conference. Most of those present admitted the need, and the possibility of having in connection with it a register of all trained nurses in India was discussed. The conference appointed Misses Lippett and Thorpe to report on this at the next annual meeting. It was agreed upon that the next meeting should be held in Bombay, on the second Thursday in December, 1908.

The address of the president, and report of the secretary-treasurer, are full of interest, and sound strangely familiar, as the identity of their problems with ours is plainly manifest, and especially that of the difficulties involved in organizing in a country of vast extent. We extend our cordial and sympathetic greetings to our comrades in India, and wish them success in all their undertakings. When their association of nurses is formed and affiliated with them on the pattern of England and America, there will be a national society of nurses in India which we shall hope to see enter the International Council.

THE NATIONAL CONGRESS OF ITALIAN WOMEN

FROM Miss Baxter in Italy has come a most inspiring account of the First National Congress of Italian Women which met in April in Rome. It was attended by over one thousand women, of all classes and parties, with the queen herself present at the opening meeting. As everyone knows, though working women in Italy suffer from retarded progress, there has always been a brilliant galaxy of intellectual, learned, and thoughtful women in Italy, since the earliest times in history; and it is these women who have now been discussing in public all the modern problems that affect women, under the heads of "Education and Instruction," "Philanthropy," "Law," "Literature and Art," "Hygiene," "Emigration," "Suffrage," and related topics.

Among others, the nursing question came up. The chief speaker was Signora Sciamanna, of Rome, not a trained nurse, but greatly interested in hospital and nursing reform. She stated the case for Italy and explained the low status of the *infermiere* or servant attendants in Italian hospitals by their want of education, low wages, long hours, immoral tendencies, and lack of discipline in hospitals. (We would place first, however, the fact that men are in absolute control and that refined women are allowed no authority in the large Italian hospitals.) Signora Sciamanna illustrated her remarks by citing the case of an attendant who was found reading an immoral book while she gave oxygen to a dying patient, and was so absorbed in its pages that she did not notice when the patient ceased to breathe! She described English

nursing standards and proposed the following motions: That schools of nursing for refined women be annexed to the hospitals: That the nurse's future be secured by insurance against ill-health and by pensions: That no nurse shall be allowed to belong to a league or federation, in order to avoid the possibility of strikes. (This, which sounds so strangely to us, means that the poor downtrodden servant nurses of the large hospitals have in recent years formed unions and resorted to strikes in order to improve their wretched economic conditions. Signora Sciamanna's imperfect knowledge of real nursing development is plainly evident in this curious proposal.)

Professor Mengarini—a woman—spoke also on the nursing question, but also with little knowledge; and Signora Moraldi very rightly objected, in the name of liberty, to the motion of Signora Sciamanna forbidding the formation of leagues or associations of nurses.

Professor Labriola agreed that nurses should not be forbidden to form leagues but that strikes must be forbidden. A resolution was then presented by Signora Dacher as follows:

The Woman's Congress asks that there may be *one* educational program for all Italian nurses, to be approved by competent authorities, and that no one be allowed to exercise the profession who does not possess the diploma. Admission of candidates to be regulated by the same formalities in use in other professional schools. The stipend of female nurses to be equal to that of men.

Under the section of "Law," the questions of prostitution, protection of minors, regulation of the white slave traffic, and the single moral standard were treated with great courage, dignity, and intellectual ability. Dr. Mengarini would have it obligatory for medical men to tell the truth in cases of venereal disease, and said "women should no longer suffer in silence the infections given them by men who were without conscience or morals." Professor Toa proposed that syphilis be included among the diseases which must be reported to the Public Health Boards, and Professor Caruso insisted on the need for education in matters of sex.

Italy is awakening to the value and importance of her women. We congratulate them all; but we are sorry that the nursing problems were not stated by Miss Baxter, Miss Turton, and Signora Celli, all of whom are trained nurses. Apparently these women, who have done so much work, did not talk.

VICTORY FOR BRITISH NURSES

As we go to press word comes that the British House of Lords rejected the Directory Bill of Mr. Sedney Holland by a vote of 53 to 20, on the ground of its injustice to nurses.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE NATIONAL SEAL FOR VISITING NURSE ASSOCIATIONS *

By ISABEL WETMORE LOWMAN
Cleveland, Ohio

THE three casts for a seal sent by the Visiting Nurse Association of Cleveland represent progressive stages of development in visiting nurse work.

Curiously enough this history of evolution by means of plastic figures was made unintentionally by a sculptor to whom we explained the nature of visiting nurse work, and to whom we furnished several texts and legends.

On first trial he felt that nothing could suggest the nature of our activities as well as a poor sick person in bed. This person as you see is in a poor home, but the nurse who stands near her has managed to create order about her bedside and is standing near her protectingly and with a certain benignancy of attitude.

After the sculptor had thought a little more seriously on the subject and had talked a little longer with our committee, he felt that a case of severe illness in a poor home, with a skilled and kindly nurse in charge, was not rich enough in suggestion to represent adequately the work of a visiting nurse association.

In this second sketch he was therefore led to portray a strong, capable personality entering with resolute and purposeful intent into a situation which shows in every line the need of a wise and helpful interference.

The sick person in the second cast is huddled weakly to the wall, and seems to have succumbed not simply to bodily pain but to all the facts of life that press upon her.

The nurse who enters at the door comes in response to the call of physical suffering, but she is prepared to meet and to do battle with many adverse circumstances that threaten her patient.

We felt this to be very good, but we asked ourselves if inspiration had not still kept back a part.

* Read at the Visiting Nurse Conference in Chicago, April 25.

The sculptor tried still another time and produced the cast which seems to our committee completely satisfying. Besides having the beautiful sculptural lines which so well befit a seal or medal, it embodies the soul of our purpose. We go among the people not only to care for their bodily ills, which are transient, but to help readjust their lives which are disorganized by sickness and loss of courage. And while the nurse labors faithfully and lovingly with the poor to adjust these problems which sometimes seem almost impossible of solution she becomes in a very real sense their friend. She is the fulfilment of a desire for a wise friend in one's midst in times of trouble. In the closeness and realness of her relationship to the poor and to their misfortunes she becomes a power for good, and she implants in their hearts that desire for better things, which is indeed for them a beginning of new growth and life. The nurse comes to the house to care for the suffering body of one of its inmates and she goes from the home acquainted with its sorrows, perplexed by its troubles, bewildered by its problems. She returns again and again until she succeeds in extricating the family from the evils and dangers with which sickness and poverty have enmeshed its members; she gives back to them not only their health and their chance for usefulness, but creates in them new desires for the better things they have seen working in their behalf.

To desire something a little better is to strive for something a little better, and striving means growing.

The visiting nurse seems to us to come in closest and tenderest touch with the human need and if she fills this need faithfully she will in filling it create a desire for better things. She is at once the fulfilment of desire and the quickener of desire.

"When the desire cometh it is a tree of life." The full expression of the thought is from Proverbs, Chapter XIII, Verse XII, "Hope deferred maketh the heart sick; but when the desire cometh it is a tree of life."

We feel that in this third cast Mr. Matzan, the artist, has embodied the ideal toward which we are striving. Not alone the lives of the poor, but their Life becomes precious to us in proportion to the closeness and reality of our contact with them.

The committee begs that you give this allegorical presentation of the subject careful consideration, and that you will receive it with sympathy.

EVERY one interested in visiting nurse work must feel that Mrs. Lowman's effort to present a suggestion of a seal appropriate to our





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work is most timely. She says, "The third picture embodies the soul of our purpose, in that it will stand the test of the future." The real purpose of our work is to make physical distress less prominent, and create a permanent desire for a better and more wholesome life. The editor will be glad to hear personally from all associations in reference to this design.—Ed.

CONFERENCE ITEMS

MRS. HAMPTON ROBB and Miss Fulmer were appointed a committee to confer with other associations in reference to the designs for a National Seal, as submitted by the Cleveland Association.

THE following prominent women interested in Visiting Nurse work were in attendance at the Conference in Chicago:

Miss Goodrich, superintendent of Bellevue Hospital, New York.

Mrs. Hampton Robb, Cleveland, Ohio.

Mrs. L. A. Gretter, Detroit, Mich.

Miss Damer, New York City, N. Y.

Miss Leet, Cleveland, Ohio.

Mrs. Quintard, Philadelphia, Pa.

Miss Gardner, Providence, Rhode Island.

Miss VanCleft, Lakeville, Connecticut.

A dark blue pennant with the letters, "V. N. A. of U. S. A." in white, was given to the nurse who came the greatest distance. It was awarded Miss Gardner, of Providence, Rhode Island.

The entire report of the Conference may be obtained in June from the editor of this department, 79 Dearborn Street, Chicago.

THE following letter was sent to Miss Nightingale from the Visiting Nurse Conference, in Chicago, April 25th, and signed in Chicago by one hundred and eight visiting nurses:

Miss Florence Nightingale,

Dear Miss Nightingale:

District Nurses in America are to-day holding their first Conference. Informal as it is, we feel that you will care to have our greeting at this time. We hope the same spirit which pervaded your beloved work at Kaiserworth, has been handed down to us through all the years, and that the inspiration which came to you there, is resulting year after year in giving better care to the sick in the homes of the poor.

With our warmest greeting, we are,

Very faithfully yours,

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I have been reading all sorts of articles good, bad, and indifferent in THE AMERICAN JOURNAL OF NURSING and I have grown weary of the complaints and long for a good word for the nurse. Who are we that we should sit in judgment on a sister nurse? That we should listen to the criticism of a patient who has discharged a nurse? We all know that we are not infallible, neither is the patient. Why are none of the nurse's good deeds published? We leave all the good to be said by our lawyers and clergymen who declare the trained nurse to be "the noblest woman God ever made." The article written by M. G. N. of Boston grieved me and I feel I must plead for the private nurse. I do not think that nurses with individuality and ability always leave the field of private nursing. Some of the best and brightest nurses I know are doing private duty, and doing it well. Who if not she, should have ability? She who is to live day after day in the family with refined cultured people?

The private nurse is the "power behind the throne," she it is who by the payment of her dues in the Alumnae Association enables the association to send a delegate to our state and national meetings, the delegate is invariably chosen from the list of those holding institution positions, the private nurse being too busy and too uncertain to attend, thus the nurse sent keeps in touch with current events of the nursing world and that is one reason why we so seldom hear from the private nurse through the JOURNAL. She is busy, and right here I want to say I think there is something decidedly wrong with the nurse who is not as busy as she would like to be; if she is giving her best,—the best will surely come back to her. I cannot understand why a nurse should object to cap or apron. Although I seldom wear either I feel that I may have the honor of wearing them if I choose, and am perfectly willing to at the request of either hospital superintendent or my patient. While I admire sincerely many women holding institution positions I have never found that it makes them broader, better women, it often ruins the sweetness of character and disposition.

Here's to the happy, wholesome human nurse, who is first of all, a womanly woman.

L. B. M.

DEAR EDITOR: In reply to a letter published in April number entitled, "What Should the Nurses Do?" and signed M. B. B., R.N., I would like to state that I have had several cases when I think I felt a good deal as this nurse does; but must say that I have always, after six years of continuous work, found it the wisest plan to follow my physician's orders to the letter, without regard to what I may think. I find that a great many physicians do not always tell me all that they know about a case, and in every case he is doing his duty as he sees it, and I believe that a nurse should never overstep her place, which is to nurse and care for her patient as the doctor sees fit to prescribe. She is not responsible for the case, but the physician in charge is. Do your duty always and you will find that your patient's people will be satisfied and your physician will trust you more than ever before.

I have nursed in all classes, in the city and in the country, and I know the trials and hardships that one many times finds, but I find that loyalty to my physicians and to my God has brought me rich blessings and a clear conscience and many friends.

I talked with one of our most prominent physicians here on this letter, and he states that a nurse should always do her duty and stay with her patient and nurse as she is not the doctor and does not know what is the patient's ailment, and also does not know the dose that a patient may need. A dose, he states, is not a given amount, but the amount required to get the desired result.

C. C. R.

DEAR EDITOR: After boarding for three years with friends, I have gone back to housekeeping, and am glad to have my own home again. It seems to me if more of the nurses would do it, instead of putting up with things in a boarding-house or even clubs, a great deal of this dissatisfaction would cease. I am alone, with my beautiful collie dog—the best of company—but if two or three would take a little apartment and have a home and make it a home! I don't believe in a lot of nurses living together, they gossip, they wrangle, they don't do anything "worth while." They don't need to make hard work of it, but even then a change of work is a rest. To cook just what I want to eat, to have company or be alone. Financially it is no more, and the gathering together of your household goods is a never ending delight to me. I have had the most of my furniture made at a cabinet-maker's, then designed, cut and burned it in, and it makes things so much more your very own.

Forgive this personal effusion, but after the terrible personal experience I have gone through with, I am so happy at being in my own home again that I want to say to all nurses, "go thou and do likewise."

G. M. P.

DEAR EDITOR: You have kindly helped us in the past in calling attention to the need for nurses in connection with our mission work in the far East and elsewhere. We have just received a cable from Bishop Brent in the Philippines, asking that two nurses be sent out as early as possible, certainly not later than the middle of September, to take posts in the University Hospital in Manila. The institution at the present time has capacity for about thirty patients, but plans for enlargement will be carried through as soon as the needed funds are in hand. The hospital's work is done among American residents as well as on behalf of the Filipinos. If any of your readers would be willing to consider undertaking work of this kind I will supply particulars. In general I may say for the guidance of possible volunteers that only members of the Protestant Episcopal Church, or the Church of England, or the Church of England in Canada could be appointed; that a good degree of professional skill, good health, and ability to acquire a foreign language are essential qualifications.

JOHN W. WOOD,
Corresponding Secretary,
281 Fourth Avenue, New York.

DEAR EDITOR: In a house of eight nurses I am the only subscriber to *Our JOURNAL*, yet when my *JOURNAL* arrives they do not hesitate to slip it out of its wrapper, read it and return it back again. Is there no way of enclosing it so it could not be taken out. Perhaps if this could be done we would have more subscribers.

SUBSCRIBER

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 15th of the month.]

ANNOUNCEMENTS

VIRGINIA

THE next annual meeting of the Graduate Nurses' Association of Virginia will be held in the Masonic Temple at Danville, Virginia, on the 8th, 9th and 10th of June. The Hotel Burton will be the headquarters of the nurses.

The opening session will be held the night of Monday, June 8th and will be attended by all those interested in the meeting. After the addresses of welcome, responses, etc., there will be a paper on "The Student Volunteer Movement" by one of the secretaries from New York City, which will be followed by discussions of the subject by the Rev. W. E. Laid, D.D., pastor of the First Presbyterian Church of Danville, Miss Evelyn Brydon, R.N., and others.

Tuesday morning, June 9th, will be the first business session with registration, payment of dues, reports of secretary and treasurer, and committees. After the routine business there will be papers on "The Graduate Nurse and her Alumnae," and "The Hospital Economics Course, at Teachers College, Columbia University, New York," followed by discussion.

The afternoon of Tuesday will be devoted to papers and reports of tuberculosis work, and discussions of this topic. On Wednesday the only paper will be "The Obligations of the Registered Nurse," to be followed by discussions, unfinished business and report of election of officers.

ELISABETH R. PRESTON COCKE, R.N., Secretary.

KENTUCKY

THE second annual meeting of the Kentucky State Association of Graduate Nurses will be held in Louisville, June 9, 10, 11, 1908. An interesting program is assured, and a large attendance is requested. Information concerning hotel accommodations, etc., may be obtained by addressing the Chairman of the Arrangement Committee, Miss Ella C. Francis, 420 West Saint Catherine Street, Louisville, Ky.

The Jefferson County Graduate Nurses' Club announces the opening of the Nurses' Central Directory on May 1, 1908. Registrar, Miss Katherine O'Connor, 606 West Breckenridge Street, Louisville, Kentucky. Telephones: Cumberland, South 1010; Home, 8922. The object of the directory will be: To give more efficient care to the sick; to provide physicians and the public with greater accommodation in securing nurses; to assist its members, and to promote the helpfulness of the nursing profession in general. The governing committee will be pleased to give further information upon request.

LAURA A. WILSON, Chairman.
Publication and Press Committee.

MINNESOTA

THE Minnesota State Board of Examiners of Nurses will hold its second examination at St. Luke's Hospital, St. Paul, Minnesota, on Friday, June 12, 1908, at nine o'clock.

Nurses who desire to take this examination must file their application with the secretary, Miss Helen Wadsworth, St. Luke's Hospital, St. Paul, Minnesota, on or before May 29, 1908. They will then be notified if application is approved.

NEW YORK

THE annual meeting of the New York State Nurses' Association will be held in Buffalo on Tuesday and Wednesday, October 20 and 21, 1908. The executive committee urges all members to make a special effort to attend this meeting. An interesting program is promised.

FRIDA L. HARTMAN, R.N., Secretary.

HOSPITAL ECONOMICS, TEACHERS' COLLEGE

As the school year draws to its close, most of us, both teachers and students, feel that we heartily wish it were just beginning, and are echoing Cecil Rhodes' last words, "So much to do, so little done." The school year, of little more than eight months, seems very short in comparison with the hospital year of nearly twelve, and there is so much here that is new in ways of living, working and thinking presented to the student fresh from hospital or training school that we cannot wonder when one year seems an entirely inadequate period for covering in any satisfactory way the field which opens before her.

The second year of instruction which was opened up at the request of the students is being steadily developed, and now offers opportunities on the one hand for further preparation in Training School Work, and on the other for a study of Hospital Organization and Management.

Two new courses were offered this year, one on Institutional Dietaries, and another on Hospital Laundries, and we hope to arrange during the coming year for a very practical course on buying.

The entire course of lectures and classes relating strictly to hospital and training school work has been reconstructed, covering the two years, and is given below.

We cannot of course depend upon our visiting lecturers to carry out any such comprehensive scheme of study as is here outlined, which should be systematically carried on throughout the year, and in which all details must be thoroughly and carefully handled. In the future most of the work must be done by the regular members of the staff, but we have the promise from the visiting lecturers who have come year after year, often at considerable cost and inconvenience, and have given so generously the results of their experience, that we may still count upon them for special lectures, even if they cannot continue to give an entire series. The students have greatly enjoyed both hearing and meeting the lecturers.

The matter of expense for board, lodging and tuition is one to which nurses are entirely unaccustomed, but here, in common with the thousand or more other students who are preparing themselves for teaching, they must expect to spend from five to six hundred dollars, at least, a year.

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For nurses who desire to enter the College for this course, and find the question of expense standing in the way, we would suggest that something in the way of a scholarship, or loan, might be offered, either by an alumnae association, state society, or even perhaps by the board of managers or trustees of a hospital. One of our prominent hospitals is this year awarding a liberal scholarship to a student to take the course here. At the last meeting of the American Society of Superintendents of Training Schools, held in Cincinnati, it was decided to offer such a scholarship, of which special notice will be found in another column.

HOSPITAL ECONOMICS, 1908-1909

EDUCATION 73-74—THEORY AND PRACTICE OF TEACHING IN TRAINING SCHOOL FOR NURSES.—Lectures, observation and practical work. 4 points. Professor NUTTING and assistants.

W., 1-3 (first half-year); second half-year must be arranged with instructor.

This course considers the place which nursing occupies in education,—the relation of the training school to the hospital and to the community, the general problem of training school management, the organization of the school, equipment and apparatus; the qualifications, personality, and training of the superintendent and teachers; the planning and arrangement of courses of study in class-room and wards; records, examinations and tests, grading and promotions.

In the second half-year this course takes up methods of teaching in training schools, and provides opportunity for practical application of these methods.

Prerequisite: Education A or 19-20.

EDUCATION 75-76—TRAINING SCHOOL ADMINISTRATION (advanced course).—Conferences and practical work. 4 points. Professor NUTTING, and special lecturers.

Hours to be arranged.

This course takes up in detail the various subjects included in the training school curriculum, discusses preparatory courses of study; methods of teaching practical work; arrangement of work for post-graduate students; special studies of social movements; courses of reading; school clubs, societies and journals; scholarships and loan funds; the alumnae; the teaching of professional ethics.

HOSPITAL ECONOMICS 1-2—THE HISTORY AND FUNCTION OF HOSPITALS.—Lectures, conferences, and excursions. 4 points. Miss DOCK, Miss GOODRICH, and special lecturers.

F. at 2.

This course deals with hospitals as charitable and educational foundations. It studies their history and development, and considers the various modern types—municipal and private, large and small—the planning and construction of the various hospital buildings, with general outline of arrangement and equipment, occupying the first half-year.

The second half-year takes up the problems of hospital organization and administration,—the trustees, the patients, the superintendent and staff of officers, the medical staff, the training school and medical school, their relation to the hospital; departments, their organization and management, the budget, appropriations and expenditures, methods of purchasing, distribution of supplies, service and salaries, inventories and stock-taking.

HOSPITAL ECONOMICS 3-4—HOSPITAL ORGANIZATION AND ADMINISTRATION.—

Lectures, conferences and excursions. 4 points. Professor NUTTING, Dr. ARMSTRONG, and special lecturers.

W., 3-5.

This course deals in detail with the various hospital departments: the office, its system of record-keeping and accounts; the wards, free and private, their furnishing, equipment, service and management; the purveyor, the kitchen and accessories; the purchasing, storage and distribution of food; dietaries; the matron or housekeeper; linen and domestic supplies, their purchase, distribution and use; the laundry, equipment, methods of work; the pharmacy, cost of drugs, their care and use; surgical supplies, methods of purchasing, preparing and distributing; economy and waste.

HOSPITAL ECONOMICS 5-6—HOSPITAL ORGANIZATION AND ADMINISTRATION (advanced course)—Conferences and laboratory work.

10 points.

This course offers, to a limited number of students, an opportunity in a large general hospital, for observation and study of the problems of administration, and for certain practical work in the various departments, such as linen-rooms, laundry, kitchens, store-rooms and supply-rooms.

A special circular of the department may be had on application to the secretary of the college.

REPORT OF HOSPITAL ECONOMICS FUND

Previously acknowledged \$7157.20

Through Miss Davids:

Bellevue Alumnae	\$100.00
Bellevue Alumnae Registry.....	250.00
Children's Hospital Alumnae, San Francisco.....	25.00
Graduate Nurses' Association of Indiana.....	100.00
Graduate Nurses' Association of New Hampshire.....	100.00
Maine General Hospital Alumnae Association.....	50.00
Nurses of Colorado.....	49.10
Miss Mary Sweeny.....	10.00
Miss Frida Hartman.....	3.00

687.10

Union Protestant Hospital Alumnae, Baltimore.....	25.00
Presbyterian Hospital Alumnae.....	200.00
Rhode Island Hospital Alumnae.....	50.00
Miss Katharine Newman.....	25.00
The Misses Corey.....	10.00
Miss Cameron	5.00
Miss Mary Samuel.....	5.00
Miss J. S. Cottle.....	4.00

\$8168.30

For current expenses:

Miss Grace Dodge..... \$100.00

ADELAIDE NUTTING,

Chairman of Finance Committee.

May 14, 1908.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS

THE Fourteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses was held at the Hotel Sinton, Cincinnati, Ohio, April 22, 23 and 24, 1908.

The first session was called to order by the president, Miss Mary Hamer Greenwood, at eleven A.M. on Wednesday, April 22nd.

The invocation by Rev. Frank H. Nelson, rector of Christ Church, was followed by most cordial greetings by the Mayor of Cincinnati, the Hon. Leopold Markbreit, by the President of the Ohio State Medical Association, Dr. Charles L. Bonifield, and by Miss Annie Laws, President of the Ohio State Federation of Woman's Clubs.

The president then read her address, after which there was a brief recess. For the Council, the secretary reported seven resignations, two forfeited memberships for non-payment of dues, and twenty-four applications for membership were recommended for election. Invitations for the next convention had been received from Boston, Atlantic City, Toronto, New Orleans, and Texas. The treasurer's report was then read and accepted.

In her report as chairman of the Committee on Legislation, Miss Palmer laid special stress on the lack of uniformity in methods of teaching in the schools, as shown in the State Board examination papers. There was interesting discussion of this report and it was afterwards referred to a committee.

A letter was then read from Miss Dock regretting her absence and extending an invitation to the regular business session of the International Council of Nurses next summer. The question of delegates was deferred to the next convention which will be in New York City, where it is expected that the Federation of Nurses will meet in 1909.

Miss Goodrich, the chairman, read the annual report of the Committee on Hospital Economics. It was stated that the graduates of this course now number over fifty, and with this report will be published their names, and the positions they are at present occupying. The announcement for next year offers a curriculum of which we may well be proud. I think we may safely assert to-day that there can only be one excuse for our women not being properly prepared to fill institutional positions, and that is the necessary income to meet the expense of further preparation. After discussion, it was moved and carried that the Society give a scholarship to the Hospital Economics Course for the coming year. It was thought possible that the different training schools might be able to secure scholarships through their own institutions.

A letter was read from Miss Samuel, secretary of the directors of THE AMERICAN JOURNAL OF NURSING COMPANY, stating that the board no longer saw its way clear to devote an entire number of the magazine to the report of the annual convention of the Society of Superintendents. The members approved of this decision in as much as the society publishes a full report of its proceedings, and it realizes that matter of more interest to the readers of the JOURNAL has been excluded in the number formerly given up to it.

Mrs. Kinney, who last year was appointed chairman of a committee to present to the Civil Service Commission the society's protest against the acceptance of women who might pass a theoretical examination but who are not

graduates of hospitals, reported that the Chief of the Civil Service Examiners admitted the justice of our objection, and suggested that our society address a communication to the Civil Service Commission inviting attention to the existing abuse, and setting forth in full the reasons why the society thought that this should be corrected, recommending at the same time such changes in the Civil Service regulations as would debar insufficiently trained women from admission to civil service examinations. The committee suggested that the situation might be met by requiring that all nurses to be eligible for civil service examinations or positions should have had at least a course requiring two years' residence in a hospital of the number of beds to be decided upon by the society. Mrs. Kinney's report was accepted, and further action was referred to her committee.

The president announced the nominating committee and the meeting adjourned.

The afternoon session was opened with a paper by Miss Anna L. Alline, New York State Inspector of Training Schools, on "The Work of Dietitians in Schools for Nurses," a valuable and practical contribution which should prove most useful to those interested in establishing and maintaining this important branch of training school work.

Miss Florence R. Corbett, Dietitian of the Department of Public Charities of the City of New York, then read an able, thoughtful and illuminating paper on her work. Questions and discussion followed both these papers, indicating that the members were giving much thought to the subject in their hospitals and schools.

The third subject of the afternoon was a statistical report from twelve municipal hospitals as to what service and teaching is offered to pupil nurses, by Miss Jane M. Pindell, of the New York City Training School for Nurses. She stated that they received private patients, therefore the objection that nurses were not sufficiently trained for private duty was gradually being overcome. More attention is also given to special case nursing.

After an interesting business session on Thursday morning, the meeting adjourned until evening, when Miss A. M. Lawson, superintendent of the Akron City Hospital, whose experience in the planning of a hospital has been most unique and valuable, read a paper on "To What Extent May the Experience of Nurses be Useful in the Planning of Hospital Buildings?" Miss Lawson cited instances of unpractical planning with which all who work in hospitals are more or less familiar, and she adds: "I am confident that just as soon as hospital boards can be made to realize the value of a nurse's practical experience, no building committee will be complete without numbering the superintendent of the hospital or training school among its members." Miss Lawson exhibited photographs of the Akron Hospital, which is said to be a model of its kind.

Dr. C. R. Holmes, Chairman of the Commission of the new City Hospital in Cincinnati, then gave a most interesting talk with stereopticon illustration of a number of new and important hospitals in other cities and countries, and then of the proposed municipal hospital in Cincinnati. Dr. Holmes having travelled extensively and spent much time in the study of hospitals, these plans are the result of his investigation. Animated discussion of many details in connection with hospital construction followed Dr. Holmes' lecture, and a rising vote of thanks was offered at the close of the session.

On Friday morning, by vote of the Council, Dr. Margaret Bigelow, of the Ohio Woman Suffrage Association, was granted the privilege of the floor for ten minutes.

In the absence of Sister Amy of the Children's Hospital, Boston, her paper was read by the secretary. Sister Amy believes that the ideal way to begin a nurse's education is with the nursing of sick children. The tremendous value of acute habits of observation, studying the patient from the objective instead of the subjective side; the necessary patience, gentleness and tact which must be acquired in the first year of training, are inestimable. She speaks of the perfect detail necessary in orthopedic work and of the nursing of some special diseases.

Dr. Lucy Bannister then read a paper on "A New Field—The Nurse's Opportunity in Factory Work, with a Brief Outline of Medico-Nursing Relief Work in the Westinghouse Lamp Factory."

Dr. Bannister's enthusiasm infected the members present, lively discussion followed, other manufactories, who employ trained nurses in a similar capacity were cited, and upon motion a committee was appointed to represent the society in helping to further the work so interestingly described by Dr. Bannister.

The president-elect, Mrs. Isabel Hampton Robb, was here introduced. The society is to be congratulated for having persuaded Mrs. Robb to accept an honor which it has long wished to confer upon its founder.

Hearty votes of thanks followed Mrs. Robb's graceful acceptance of the office, and the retiring president received special acknowledgment of her indefatigable work for the success of the convention.

The society was delightfully entertained by the nurses of the city and state, by the Hospitality Committee, with Miss Anna Laws as chairman, and by the Domestic Science Department of the Woman's Club, Mrs. Montfort, chairman when addresses were made by Miss Greenwood, Miss Nutting and Mrs. Robb.

The following officers were elected: President, Mrs. Isabel Hampton Robb, 702 Rose Building, Cleveland, Ohio; vice-president, Miss Mary Hamer Greenwood, The Jewish Hospital, Cincinnati, Ohio; second vice-president, Miss Martha M. Russell, Sloane Maternity Hospital, New York; secretary, Miss Georgia M. Nevins, Garfield Memorial Hospital, Washington, District of Columbia; treasurer, Miss Anna L. Alline, 132 Lancaster Street, Albany, New York; councillors: Miss Sara E. Parsons, Sheppard and Enoch Pratt Hospital, Baltimore, Maryland; Miss Anna M. Lawson, City Hospital, Akron, Ohio; auditor, Miss Helen Scott Hay, Cook County Hospital, Chicago, Illinois.

GEORGIA M. NEVINS, Secretary.

STATE MEETINGS

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its fifth annual meeting in Christ Church, Bridgeport, on Wednesday, May 6, 1908.

Miss Albaugh, the president, opened the meeting and introduced Rev. E. J. Craft, who invoked the divine blessing and spoke a few well chosen words to the nurses.

The president, in her annual address, reviewed the work of the association for the past year and also the work of the Board of Examination and Registration.

The reports of the secretary, treasurer and chairman of the membership committee were read and adopted.

The report of the membership committee did not show an increase in membership and this led to a lively discussion on ways and means of bringing more nurses into the association and getting them interested in the work.

It is the desire of the association to have an inspection of training schools, who would work towards having a uniform curriculum for all training schools in the state, but the funds are lacking. A special fund was started for the purpose of establishing an inspector, and it is hoped that it will grow apace.

Officers for the ensuing year were elected as follows: President, Miss M. J. Wilkinson, Hartford; first vice-president, Mrs. I. A. Wilcox, Pine Meadow; second vice-president, Miss E. A. Somers, Waterbury; recording secretary, Miss Elizabeth Gallagher, Danbury; corresponding secretary, Mrs. E. B. Lockwood, Granby; treasurer, Miss Rose M. Heaven, New Haven; chairmen of the standing committees: ways and means, Miss R. I. Albaugh, New Haven; printing, Miss Winnifred Alm, Bridgeport; membership, Miss Mary L. Bolton, Bridgeport.

The afternoon session was devoted to the reading of papers by members: "Training School Methods in the Eighties," by Mrs. Isabelle A. Wilcox; "Training School Methods of Ten Years Ago," by Miss Martha J. Wilkinson; "Training School Methods of the Present Day," by Miss Butler of Hartford. All the papers were exceedingly interesting, being largely records of personal experience, and were well received.

At the close of the meeting a reception was tendered those present by the Alumnae Association and a pleasant hour enjoyed, after which a visit was made to the Bridgeport Hospital.

J. M. CAMPBELL, Recording Secretary.

MISSOURI.—The semi-annual meeting of the Missouri State Nurses' Association was held April 15th and 16th at Ensworth Hospital, St. Joseph, Missouri. The number of members present was not large, but owing to the fifteen new members added and the enthusiasm it was decided that this was the very best meeting we had ever had. Miss Charlesworth, superintendent of Ensworth Hospital, is certainly a success. She by some means had almost the entire body of graduate nurses interested enough to attend the meeting. Drs. Wallace and Geiger made able addresses on Wednesday afternoon and on Thursday afternoon Dr. Porter and Dr. Elam gave most interesting talks. On both afternoons after the addresses the Bill for Registration and Examination for Nurses was read and discussed thoroughly. On Wednesday evening the visitors were beautifully entertained. A most enjoyable "get acquainted" banquet was given us. Thursday morning was spent visiting the hospitals, which included Hospital No. 2 for the Insane. Miss Eleanor Keely, superintendent of St. Luke's Hospital of Kansas City, was elected as our delegate to the meeting of the Associated Alumnae.

Dr. Elam says: "It is beyond question a fact that the profession of nursing by reason of its past chaotic and unorganized state, contains all kinds of individuals, graduated from all kinds of schools. Organization means that you will by reason of your combined strength be able to deepen and broaden the conception of your individual members, that you will be able to influence the preliminary requirements and course of study and training." All have felt this to be true

and it will be felt more and more. Organization cannot live except through the active interest of its membership. We must either advance or retrogress. There is no middle ground.

Our meeting closed Thursday afternoon and we all felt sorry that we must leave, but we are now looking forward to the annual meeting which is to be held in Kansas City in October.

ANNA B. ADAMS, Corresponding Secretary.

TEXAS.—The Graduate Nurses' Association of Texas met in Harmony Hall, San Antonio, Texas, April 20th at nine-thirty A.M. The meeting was called to order by the president, Miss Cottle of Fort Worth, Texas. There was an invocation by the Rev. Dr. Muzon, an address of welcome by Mr. Leonardo Garza in the name of the Mayor. The response was by Miss E. Louise Deitrich of El Paso. The president's address followed. Then a most valuable paper by Miss Clara L. Shackford, superintendent of the John Sealy Hospital, Galveston, on the subject, "What is a Trained Nurse?" In the absence of the secretary the roll was called and the minutes of the last meeting read by the treasurer, Miss McKnight of San Antonio. The treasurer's report following showed the association to be in a flourishing condition financially in spite of hard times.

Miss Cottle read a letter from the secretary of The American Society of Superintendents acknowledging our invitation to hold its next annual convention in Texas, promising to take the matter up at its next meeting. Miss Cottle next spoke of THE AMERICAN JOURNAL OF NURSING as a magazine that no nurse can afford to do without, and a number of subscriptions were handed in immediately. The meeting adjourned and went in a body to visit the historic old Alamo, where David Crockett and his brave men were slaughtered while fighting for the independence of Texas. Three business sessions were held afterwards. Miss E. Louise Deitrich of El Paso read a paper on, "The Uses and Abuses of the Uniform," which provoked much discussion. Two amendments were made to the constitution, combining the offices of secretary and treasurer with a small compensation allowed, and changing the voting by individuals to that of voting by delegates. Miss E. Louise Deitrich, of El Paso, was appointed as delegate to carry our application for membership to the meeting of the Associated Alumnae in San Francisco.


Miss Elizabeth Baylor of San Antonio was chosen as delegate to attend the coming meeting of the Texas Medical Association to enlist the support of that body if possible in our work for State Registration.

Miss Cottle, of Fort Worth, was reelected president; first vice-president, Miss Perkins, of Houston; second vice-president, Miss Finlayran, of El Paso; third vice-president, Miss Marr, of Dallas; secretary-treasurer, Miss McKnight, of San Antonio.

The next meeting is to be held in Austin, our state capital, the latter part of January, 1909, that we may endeavor to get our bill for registration before the state legislature.

After the meetings were over the San Antonio nurses and the associate members, who are the leading women of the city, gave the visiting nurses a reception which was attended by some two hundred ladies and gentlemen and gave the social note to the Convention.

MILDRED M. MCKNIGHT, Secretary and Treasurer.



MARYLAND.—The regular spring meeting of the Maryland State Association of Graduate Nurses was held April 18, 1908, at the Sheppard and Enoch Pratt Hospital, Towson, Maryland. In spite of the fact that the weather was very unpropitious and that the trip to the hospital takes an hour each way there were over fifty nurses present.

After the business meeting Miss Blackman, director of the school of Domestic Science, through which the nurses of some of the Maryland training schools get their course in dietetics, gave a most beautiful demonstration of the preparation of attractive dishes for invalids and convalescent patients. She showed a daintily arranged tray, described the preparation of different kinds of toast and displayed each kind; she showed baskets of toasted bread of different shapes, and prepared creamed chicken to serve in them; then there were attractive salads and the program was interspersed with helpful suggestions. The climax of the demonstration was the preparation and cooking by means of an alcohol lamp of an orange omelet.

After this feature of the meeting was finished the visitors were shown the very complete equipment of the hospital for giving hydrotherapy and electricity, and the splendid new kitchens, dining-rooms and nurses' apartments which the trustees have just completed. Between showers the visitors enjoyed the beautiful spacious grounds in their spring finery and before leaving were served with refreshments in the Casino.

AMY P. MILLER, R.N., Secretary.

COLORADO.—The State Board of Nurse Examiners held its annual meeting at the State Capital, Denver, on April 22, 23, 24 and 25, 1908. Miss Louie Croft Boyd was elected president and Miss Mary B. Eyre reelected secretary-treasurer for the coming year. Certificates of registration were issued to seventy-four nurses.

MASSACHUSETTS.—The Massachusetts State Nurses' Association has contributed two hundred and fifty dollars (\$250.00) toward the Chelsea relief fund.

REGULAR MEETINGS

COLORADO SPRINGS, COL.—The meeting of the Nurses' Registry Association was held on May 6th. Four new members, Miss Ducey, Miss Knight, Miss Detterer, and Miss Backofen were accepted on probation. After the necessary business was disposed of a reception was given in honor of the new and ex-officers of the association. Dainty refreshments were furnished by Miss Woodhull, and a game and prizes by Miss Marjeson. The coming year social meetings will be held every fourth month.

On the evening of May 13th the Misses Alice and Susan Harris, at their home 1120 Wood Avenue, gave a farewell dinner to Miss L. S. Woodhull, who leaves for her home at Port Jefferson, Long Island, for a year. Those present were, Miss Keyhoe, Mrs. Balkam, Miss Moore, Miss Swingle, and Mrs. Dean. Miss Woodhull has been a member of the association for five years and will be missed by many friends in Colorado Springs.

Miss Clara Keyhoe is again at her duties as superintendent of the registry after an absence of four months on account of illness in her family.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, May 13th, at the residence of Dr. Marion A. Mead, registrar, 1502 Third Avenue S.

In the absence of the president, Miss Edith P. Rommel, R.N., Miss C. M. Rankeillour, first vice-president, took the chair.

Following the business meeting Mr. E. G. Bassett, Parke, Davis & Company's representative, demonstrated the making of junket from their rennet tablets and served junket and strawberries to forty-six nurses from the Dutch kitchen.

As the nurses were leaving they were presented with flasks of lunch tablets sent by Horlick's Malted Milk Company, of Racine, Wisconsin. These neat souvenirs added greatly to the "nurses' jubilee" over the message received from Miss Rommel to the state, "We are to have the convention, 1909."

BROOKLYN, N. Y.—The Fair held by the graduate nurses of the Methodist Episcopal Hospital, Brooklyn, was a social and financial success. Many thanks are due the friends of the nurses outside the hospital for their help and generosity in an undertaking which means so much to busy nurses. About sixteen hundred dollars was added to the endowment fund after all expenses were paid.

NEW YORK.—At the annual meeting of the Alumnae Association of the Training School for Nurses of the New York Hospital, held April 8, 1908, the following officers were elected: President, Mrs. C. F. Twiss; vice-president, Miss Mary Agnes Smith; secretary, Miss Ada B. Stewart; corresponding secretary, Miss L. M. Wygant; treasurer, Miss Martha M. Russell; trustees, Miss Menler and Miss Strombom. Mrs. C. F. Twiss was sent as delegate to the National Alumnae Association at San Francisco, California.

BIRMINGHAM, ALA.—The regular monthly meeting of the Graduate Nurses' Association was held May 13th. There was a good attendance. A number of new nurses' names were presented for membership.

BROOKLYN, N. Y.—Kings County Alumnae has elected the following officers for the coming year: President, Miss Mary Birnie, 253 Garfield Place, Brooklyn; first vice-president, Miss Jennie Sheffield, 219 McDonough Street; second vice-president, Miss Marie O'Connor, Bradford Street Hospital; secretary, Miss Julia Donoghue, 181 Lexington Avenue, New York City; treasurer, Miss Ada Newbold, Coney Island Hospital.

PHILADELPHIA.—The Kensington Hospital for Women, 136 Diamond Street, Philadelphia, have recently formed a Nurses' Alumnae Association; so far there have been three meetings, held in the Nurses' Home at the hospital every third month. The association was organized with fourteen charter members; at the present time there are thirty-five members with the following officers: Honorary president, Miss Margaret Maloney; president, Miss Elizabeth Scanlan; vice-president, Miss Margaret Miller; secretary, Miss Elizabeth Kinder; treasurer, Miss Alice Craig.

FALL RIVER, MASS.—The regular monthly meeting of the Nurses' Alumnae Association was held at the Nurses' Home, May 6th.

As important questions concerning the contributions to the new Union Hospital were to be considered, the entire meeting was given up to the discussion of that business. There was a small attendance. Light refreshments were served.

DENVER, COLO.—The annual meeting of the Alumnae Association of the Colorado Training School for Nurses was held at the hospital on April 14th. The following officers were elected for the ensuing year: President, Miss L. Perrin; vice-president, Mrs. B. Durell; secretary, Mrs. E. Green; treasurer, Miss L. O'Neill; historian, Miss J. McAllaster. Miss Fowler, the retiring president and superintendent of nurses at the hospital, served a dainty lunch to the members of the association.

PHILADELPHIA, PA.—The annual meeting of the Nurses' Alumnae Association was held at the Jewish Hospital on April 7, 1908, with nineteen members present. The following were elected to fill office for the coming year: President, Mrs. Allen F. Myers; first vice-president, Miss Mary Graham; second vice-president, Miss Henrietta Hirman; secretary and treasurer, Mrs. Walter F. Pullinger; executive committee, Miss Olga Schoettle.

The members have manifested an increasing interest in the general work of the association during the past year, thirteen, out of a class of fifteen, having joined since the last annual meeting. Refreshments were served. The alumnae entertains the class of 1908 with Miss Margaret P. Pridham, superintendent of nurses, at dinner, followed by a dance, on May 28, 1908.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Alumnae was held at the training school, May 5th. After the business meeting, Miss Gladwin, superintendent of the Woman's Hospital, Manhattan, gave a talk on Japan. Miss Gladwin was one of the Red Cross nurses who volunteered for service during the late Russo-Japanese war, and had many interesting experiences to relate.

PERSONALS

MISS HAZEL ANTHONY, of the class of 1907, Lakeside Hospital, Chicago, has accepted a position as superintendent of a hospital in Paris, Illinois. Miss Isabel Braine, class of 1901, has gone to her home in Williamsport, Pennsylvania, for several months vacation.

MISS HARRIET M. HOHENFELD, graduate of the Maine General Hospital Training School and Nursery and Child's Hospital, New York City, formerly the chief district nurse of the city of Portland, Maine, has succeeded Miss Amelia L. Smith as superintendent of nurses of the Maine General Hospital.

DR. ALICE M. STEEVES has been for several months studying the varying conditions of the dental profession, together with many subjects of public interest. Dr. Steeves is a graduate of the Massachusetts General Hospital Training School, and the Northwestern University Dental School. Oral hygiene in the public schools has received her special attention since graduating.

MISS EDITH P. ROMMEL, R.N., president of the Minnesota State Board of Examiners of Nurses, who was elected state delegate and also representative of The Hennepin County Graduate Nurses' Association to the Convention of the Nurses' Associated Alumnae of the United States, at San Francisco, and Miss Edith A. Gatzman, R.N., the chosen delegate of the Northwestern Hospital Alumnae Association of Minneapolis, are still in California.

MISS ANN J. JONES, class 1904 Hanneman Hospital, Chicago, attended the Visiting Nurses' Conference, April 25th. Miss Jones is doing private work in Des Moines, Iowa. Miss Ellen Persons, after several months sojourn in southern California, has returned to private duty in Chicago. Mrs. Elizabeth Alvis, formerly superintendent of the Lakewood, New Jersey, Hospital, has accepted a position as superintendent of the hospital, Cohoes, New York. Mrs. Foster, *nee* Miss Carolyn Cameron, class 1903 of Montreal, Canada, was a recent visitor in Chicago; also Mrs. Hanley, *nee* Miss Annis Carter, class 1903 of Boyd, Arizona.

BIRTHS

A SON to Mrs. H L. Brooks, formerly Miss Gray, class of 1906, Lakeside Hospital, Chicago.

A DAUGHTER to Mrs. Robert Bruce. Mrs. Bruce was Miss Laura Littell, class of 1902, Indianapolis City Hospital.

AT Oakland, California, a son, to Mrs. C. W. Fuson, formerly Miss M. Banks, class of 1907, Colorado Training School, Denver, Colorado.

MARRIAGES

IN Indianapolis on April 7th, Miss Maude Mendenhall, class of 1906, Indianapolis City Hospital Training School, to Harry Elliott.

ON April 22nd, Miss May Bradford, graduate of Hotel Dieu, New Orleans, to Dr. George Summers Brown. They have gone on a trip to Europe.

AT Denver, Colorado, on April 18, 1908, Miss Bertha Bruce, class 1907, Colorado Training School for Nurses, Denver, to Mr. Fred B. Durell.

ON May 6th, Miss Margaret A. Swan, graduate of Morgantown State Hospital, North Carolina, to Dr. Oscar C. McCarn, of Blassburg, Alabama.

IN New Orleans, Louisiana, January, 1908, Miss Catherine S. Harrell, Freedmen's Hospital, Washington, District of Columbia, to Mr. J. D. Butler, of Texas.

ON February 12th, Miss Katherine Cunningham, graduate of St. Christopher's Hospital, Norfolk, Virginia, to Mr. Peyton Moore. They will live at Los Angeles, California.

ON April 3rd at Tucson, Arizona, Miss Josephine Quinn, class of 1905, Hahnemann Hospital, to Mr. Frank E. Thayer, of Boston. They will reside in Lordsburg, New Mexico.

ON April 22nd at Champaign, Illinois, Miss Frances Robinson, class of 1905, Hahnemann Hospital, to Mr. Thomas Inskip. At home, after June 1st, at 620 Union Street, Champaign.

IN Seattle, Washington, on March 25, 1908, Mrs. Flora V. Plumley, Colorado Training School for Nurses, Denver, to Mr. Edmund L. Tripp. Mr. and Mrs. Tripp will live in Seattle, Washington.

IN Detroit, Michigan, March 3, 1908, Miss Mary A. Hunton, Freedmen's Hospital, Washington, D. C., 1900, to Mr. William C. Gordon. Mr. and Mrs. Gordon will live in St. Louis, Missouri.

AT Plymouth Church, Brooklyn, New York, April 16th, Miss Charlotte E. Arnold, graduate of the Training School for Nurses of the Long Island College Hospital, class of 1895, to Mr. William K. Browne.

ON Tuesday, April 21, 1908, at the Church of the Redeemer, Brooklyn, New York, Miss Ellen W. McCauley to Mr. Manchester W. Weld. Miss McCauley was of the class of 1897, Methodist Episcopal Hospital, Brooklyn, New York. Mr. and Mrs. Weld will live in East Greenwich, Rhode Island.

ON March 25, 1908, at her home in Auburn, New York, Miss Agnes Amanda Douglas, R.N., graduate of the Protestant Episcopal Hospital, Philadelphia, Pa., and post-graduate of the Massachusetts Eye and Ear Infirmary, was married to Mr. John Joseph Gardner of Auburn, New York. Mr. and Mrs. Gardner will be at home after May 1st at 140 East Genesee Street, Auburn, New York.

OBITUARY

THE Alumnae Association of the Medico Chirurgical Hospital, Philadelphia, announce the death of a much beloved member, Miss Margaret A. Byrne.

THE Alumnae Association of Faxton Hospital, Utica, New York, announce the death of Miss Edna McGill at Utica, New York, on April 4, 1908. She was a member of the first class graduated from Faxton Training School, and a young woman of many admirable qualities.

MISS MARY E. TALBOTT, a graduate of The Western Pennsylvania Hospital Training School for Nurses, class of 1901, died at the hospital March 26th. She had been doing private nursing in Pittsburg, from the time of her graduation until the week of her final illness. She was a woman of great executive ability, and her loss is keenly felt by the Alumnae Association which adopted resolutions of regret.

IN Washington, D. C., February 1, 1908, Mrs. Sara I. Fleetwood. Mrs. Fleetwood was at the time of her death the president of the Alumnae Association of the Freedmen's Hospital Training School, the superintendent of the training school, and a member of the Board of Nurse Examiners of the District of Columbia. Before entering the training school she had been a teacher, and after graduation she engaged in private nursing successfully for a time. Her death is deeply felt by her many friends and associates.

HOSPITAL AND TRAINING-SCHOOL NOTES



COLUMBIA UNIVERSITY SUMMER SCHOOL

THE season of summer schools is again at hand. Columbia University has courses covering every educational interest of cultivated people. The following extract regarding terms for admission is from the catalogue, which will be sent on application to the University.

ADMISSION AND ATTENDANCE

The ninth summer session of Columbia University will open on Tuesday, July 7, 1908, and continue until Friday, August 14th, inclusive. No stated exercises are held on Saturday, with the exception of July 11th and August 8th.

It is believed that the total expense involved in attendance upon the summer session, including tuition fee, but excluding railroad fare, may readily be kept below one hundred dollars. In no event need it exceed one hundred and twenty dollars.

There are no formal examinations for admission to the summer session. Students, both men and women, will be admitted to such courses as they are found qualified, by the respective instructors, to pursue with advantage. The regular exercises will begin promptly on July 7th.

FEES

All fees (registration, tuition, gymnasium, and laboratory) must be paid at the time of registration. Checks are to be drawn for the exact amount of the charge to the order of Columbia University. No reduction in tuition fee is made if a student attends only a portion of the summer session.

1.—Registration or matriculation fee (payable but once)	\$5.00
2.—Tuition fee	30.00
Gymnasium fee	5.00

A special rate of fifty-four dollars is fixed for Livingston Hall and Whittier Hall for the students of the summer session from dinner on Monday, July 6th, until breakfast on Monday, August 17th, inclusive. This rate is payable in advance and includes room and board, and for residents of Whittier Hall, laundry (1 dozen plain pieces per week).

The three courses bearing directly upon nurses' work are: Chemistry, Professor Sherman; Domestic Science, Miss Benton, Miss Wilson and Professor Vulté; and Physical Education, Dr. McCastline, Professor Bowen and Professor Story. Nurses who are considering post-graduate work of any kind are advised to send for the catalogue.

A LARGE addition is to be built to the George Ide Chase Home for Nurses at the Rhode Island Hospital, Providence, for the use of the nurses of that institution.

The exterior of the building is to be of red brick, corresponding with the present house, and will be five stories in height. It will have a frontage of one hundred feet on Lockwood Street, and will be thirty-one feet deep. In addition there will be an ell of the same height on the west side, forty-five by thirty-one feet.

There will be ninety-five separate single bed-rooms for the nurses, one room for each nurse. On each floor there will be three bath rooms, an average of one bath tub for each six nurses, also six wash basins. The floors of the entire building are to be of concrete finished in terrazzo. The partitions throughout are to be of steel expanded metal, covered with plaster. The doors will be of veneered oak without panels. In each room there will be a large wardrobe closet, a bookcase, a writing desk, bed and bureau.

The entire building will be as fireproof as it is possible to make any building, the only combustible materials being the furnishings and the doors with their trimmings.

The addition to the home is to be heated with indirect steam. The stairs are to be of slate and iron. There will be five class rooms, to be arranged with revolving partitions, which can be turned aside to throw all of the five rooms into one large room fifty-two by thirty feet. At the head of this room is to be a large platform.

In addition to the nurses' bed-rooms there will be a large library room fitted with bookcases. There will also be a suite of rooms for the superintendent, a tea room and a sewing room, which can be thrown together for the use of the nurses. One of the features of the construction is the wooden roof which covers the class rooms, which can be converted into a sort of roof garden.

The addition is to be placed in connection with the old nurses' home and will stand two stories higher. The funds for the building of the addition come from the Rhode Island Hospital.

THE graduating exercises of the Training School for Nurses of the Johns Hopkins Hospital were held on May 21st. Scholarships have been awarded to the following students:

Senior Year, to pursue post-graduate study and special work in the Johns Hopkins Hospital, or at Teachers College, New York: Harriet Bailey.

Intermediate Year: Cecilia Houston; second year of holding, Olga Moberly, Elizabeth Weller, Clara G. Bampffield.

Junior Year: Evelyn M. Staley, Emma M. Wood, Grace H. Lemmon, Margaret E. Noyes.

Graduating Class: Miss Marion Gertrude Airth, Miss Mabel Anna Armstrong, Miss Harriet Bailey, Miss Lillian Squire Baquet, Miss Helen Louise Clarke, Miss Avice Theobald Donaldson, Miss Elizabeth Grace Enman, Miss Alice Elizabeth Frame, Miss Marie H. Frehsee, Miss Neeley Adeline Frierson, Miss Mary Laura Frost, Miss Fannie Morris Gardner, Miss Elizabeth Gillies, Miss Nell M. Gould, Miss Sarah Catharine Grant, Miss Helen Horatio Hutchins, Miss Isabel La Roche, Miss St. Clair Livingston, Miss Sylvia Maginn, Miss Helen Mair, Miss Charlotte Anne Miller, Miss Helena I. Redford, Miss Marie L. Rose, Miss Boni Small, Miss Elizabeth A. Thomas, Miss Daisy Platt Tousey, Miss Anna Belle Townsend, Miss Agnes H. Wiley, Miss Jessie Wood, Miss Gladys M. Woodside, Miss Catharine Minnie Wright.

GRADUATING exercises of the Presbyterian Hospital, New York City, were held in Florence Nightingale Hall, May 14th, when the following young ladies were awarded diplomas: Miss Ada F. Benjamin, Miss Annie E. Murray, Miss Alice B. Boutwell, Miss Jessie W. Grant, Miss Mary I. McClive, Miss Nancy E. Yost, Miss Jean G. Hayman, Miss Alice M. Upper, Miss Laura W. Todd, Miss Martha A. Winant, Miss Margery J. Lewis, Miss Gertrude W. Drake, Miss Louise M. Marsh, Miss Ethel D. Patton, Miss Louise N. Courtright, Miss Nellie Meyers, Miss Effie M. L. Copeland, Miss Charity W. Lyon, Miss Elizabeth M. Phillips, Miss Mary O. Boulter, Miss Caroline W. Bell, Miss Lillian Merrill, Miss Mary Mitchell.

THE Training School of the Chicago Baptist Hospital graduated a class of nurses on May 28th. The names are: Miss Mary F. Barnes, Miss Anna P. Parsons, Miss Clara E. Murdock, Miss Mary Bishop, Miss Nannie T. Smith, Miss Helen M. Koplin, Miss Ingeborg Felland, Miss Jessie A. Meeker, Mrs. Alice L. Hodginson, Miss Rose Wiseman, Miss Sadie R. Heggen, Miss Freda M. Ahlberg, Miss Maria Midnes, Miss Clavia G. Owen, Miss Inez E. Adams.

THE Passarant Memorial Hospital School for Nurses graduated the following young ladies on May 21st: Miss Jennie M. Austin, Miss Clara M. Wolthausen, Miss Lulu M. Stearns, Miss Lucy N. Barnett, Miss Anna S. Weber, Miss Hanna M. Bingeman.

ON March 26, 1908, the following nurses were graduated at the City and County Hospital, Denver, Colorado: Miss W. Closs, Miss A. Alexander, Miss M. Washburn, Miss M. Stewart, Miss P. Walker, Miss M. McKinnon, Mrs. E. Pray, Mrs. M. Alexander, Miss B. Warman, Miss C. Eskew, and Miss L. Mesner.

ON May 15th, St. Luke's Training School of St. Louis graduated the following nurses: Miss Myrtle Burford, Miss Isabelle Dick, Miss Lucy Ellis, Miss Pearl B. Flowers, Miss Lena M. Froelich, Miss Helen A. Foster, Miss Helen Gaylord, Miss Louise Hillgass, Miss May H. Pannill, Miss Mance Taylor.

THE Solvay General Hospital graduated a class of two nurses on May 22nd, Miss Margaret Clarkson and Miss Elizabeth Slatterie.

PRACTICAL SUGGESTIONS



EMERGENCY TRAYS

I HAVE used a moulding board for a tray upon which to serve a patient's meals. A bureau drawer or one taken from a closet or table and placed bottom side up across a patient's knees makes an excellent bed-table to hold the tray, or for writing or games. A sofa pillow placed in the same position makes holding the tray easier to a patient able to sit up in bed.

B. F.

A SIMPLE BUT EFFECTUAL TREATMENT FOR TENDER, BURNING, PAINFUL FEET

EVERY night on going to bed immerse *only the soles* of the feet in hot water for a few minutes alternating with cold. Repeat three or four times. Rub away all the scarf skin that will come off with a rough bath towel. Wear a dusting of boric acid powder in the shoes.

B. M.

FOR BABIES WHO SCRATCH

I HAVE just returned from a scarlet fever case and have a suggestion to offer for babies who scratch ears, nose, and lips while discharges are profuse and desquamation is going on causing the skin to become red and irritated.

Make three pair of cuffs from pretty colored cardboard, have them to extend above the elbow top, sew the cardboard on the under side. make an eyelet in the cardboard on the elbow side, insert a piece of tape for a loop, and fasten with a small safety pin to the shoulder of the baby's slip.

By having several pairs you can have frequent changes and the pretty color of the cardboard will attract the eye of the child, causing him to gaze and drum on them for hours. The hands will be free to handle playthings.

M. G.

AN EMERGENCY CROUP TENT IN THE COUNTRY

TAKE a large wooden hoop, insert a flat narrow strip of wood through the center, drape a sheet over it, then nail to the wooden bedstead.

The stand place beside the bed for alcohol stove and steam kettle. Have the stand wired up about four inches so the sheet can extend around it with safety from fire. Have an opening in the front of the sheet for air, if necessary, and also to see that the hands of the child are not at mischievous play.

M. G.

[How would the housekeeper like nails driven in the bedstead, even if only wood, perhaps her best?—Ed.]

COLD FEET

MANY people in health have the habit of cold feet. Bed socks made of outing flannel are often all that is needed to keep the feet comfortable at night and their use will many times prevent habits of sleeplessness. Such a person should never go to bed with the feet cold, but should warm them, either by the register, stove or open fire before retiring. The hot water bag habit should be guarded against; its constant use makes most people's feet sensitive to cold and chilblains, and makes one take cold easily because of sleeping too warm. Several pairs of sleeping socks to be changed with the night clothing will be found a convenience.

S. R.

THE PEN

For an active infant from one to two years of age, a "pen" will be found an excellent substitute for a nurse during the hour when baby must amuse itself. A pen five by four feet in size, built with slats running lengthwise, and with hinges on alternate corners so that it may be folded flat in two separate parts when not in use, may be placed in any room and baby put inside with its playthings and left without fear of the little hands getting into mischief. When open for use, the two parts of the pen may be closed with hooks and screw-eyes. A carpenter should build a pen of this description for about two or three dollars. In the summer-time the pen may be moved to the lawn under the trees, where baby can have the benefit of the open air.—*The Circle*.

[From our office window we see such a pen in a pretty back yard—where a two-year-old girl plays in sand for hours at a time.—Ed.]

To amuse convalescent children, still in the sand box stage, surreptitiously bury small shells, glass beads and all sorts of little treasures in the sand and let them dig for them. It will prove a veritable mine of treasures.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING MAY 14, 1908.

ALLWEIN, MARTHA R., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

ANDERBURG, VIRGINIA C., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

ASTBURY, AGNES, transferred from Zamboanga, Mindanao, to Division Hospital, Manila, P. I.

HEPBURN, SARAH M., transferred from Zamboanga, Mindanao, to Division Hospital, Manila, P. I.

RIED, ELIZABETH D., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division in place of Nurse Rosanna M. King (reported last month). Sailed on Sheridan May 5th.

RIEDY, JOSEPHINE, transferred from Division Hospital, Manila, to Zamboanga, Mindanao, P. I.

SHEEHAN, MARY E., formerly on duty at the Division Hospital, Manila, P. I., discharged.

SMITH, CATHARINE, transferred from Camp Keithley to Division Hospital, Manila, P. I.; thence on Buford *en route* to Nagasaki, Japan; thence to the United States for duty; arrived at San Francisco on May 12th, and assigned to duty at the General Hospital, Presidio.

WHITE, CLARA BELLE, appointed Chief Nurse at Zamboanga, Mindanao, P. I., to date from February 21st.

YOUNG, AGNES G., formerly Chief Nurse at Division Hospital, Manila, P. I., transferred to the United States on the McClellan *via* the Suez, for discharge. Home on leave for thirty days prior to discharge.

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